

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update
MULTIPLE CHOICE QUESTIONS
SUPPORTED BY GENUS PHARMACEUTICALS

14 March 1998

**Lords vote to block
OFT move on RPM?**

**N Ireland primary care
initiatives get £700,000**

**Do links with GPs lead
to script direction?**

**Good and bad news in
PAGB consumer survey**

**Happy times
ahead with
the saintly
flower**



**Lloyds to shed 'baggage
of history' says Major**

**Zeneca brushes off
takeover rumours**



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STAFFORD-MILLER

The Community Pharmacy Action Group has every right to be pleased with the progress it has made to date in persuading peers and MPs that retaining resale price maintenance on OTC medicines is an integral element of keeping an effective network of community pharmacies viable, for the sake of the nation's health. However, despite the strength of support in the Lords, CPAG chairman David Sharpe is right to warn that the parliamentary campaign is only half way through. If the government majority in the Commons is instructed to follow a whip and reverse the Lords' decision, the OFT will take its case to court. Even if CPAG wins the day in the Restrictive Practices Court, it faces the prospect of having to refight the case under the new Competition Act – this is double jeopardy. It is time to keep the pressure on.

Whether CPAG carries the argument or not, there is little doubt that parliamentarians are more aware now than they ever have been of the value of community pharmacy to the health infrastructure of this country, and the economic challenges that many pharmacy businesses face. Even the trade minister Lord Simon has acknowledged that the Government "fully accepts the importance of community pharmacies". Elsewhere in this issue, though, a point is highlighted that pharmacists, with or without help, must overcome to ensure their own future health. Research by the PAGB (see p18) shows that while 86 per cent of people say that the pharmacist is a source of good advice, only 1 per cent are likely to visit their pharmacist with a minor ailment. The underlying story is, happily, more positive, but if pharmacists and government are to make the most of the opportunities and economies arising from the greater use of self-medication, both parties must work hard to overcome the cultural barriers highlighted by the research. They can be sure the industry would be more than happy to help!

CHEMIST & DRUGGIST

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Lords vote to block OFT's court action on RPM 4

Legal challenge to resale price maintenance could be dropped

Funding offered for primary care initiatives in Northern Ireland 5

Health and Social Services Executive is putting up \$700,000



Does GP co-operation mean script direction? 5

Patients may be directed to specific pharmacies

A first for Clare Mackie at Aberdeen 6

The first female head of a school of pharmacy

The good, the bad and the consumer highlighted by PAGB survey 18

What consumers believe isn't always what they do

Complementary health: wise up to alternative options 22

Is St John's Wort the new antidepressant?

Lloyds Pharmacy: the sensitive giant 28

John Major tells C&D it is time for the
company to shed the baggage of history

Business rates blitz on the way 30

Check your post for the new assessment form

Zeneca denies any takeover rumours 31

The company's chief executive is determined to stay independent

High-tech security systems in health row 32

Surveillance systems may affect customers' pacemakers

Business statistics: consumer optimism is starting to ebb 33

Interest rates and a strong pound starting to slow the economy

REGULARS

PIANA Player 7 RPSGB Council and Letters 27

Topical Reflections 7 Business News 31

Prescription Specialities 8 Coming Events 32

Counterpoints 10 Classified Advertisements 34

Marketwatch 16 Out & About 38

Lords vote to block OFT's RPM action

The House of Lords last week backed a cross party amendment to the Competition Bill which could force the Office of Fair Trading to drop its legal challenge to resale price maintenance on OTC medicines in the Restrictive Practices Court.

The Community Pharmacy Action Group has warmly welcomed the vote, which saw the Government defeated by 138 to 81, a majority of 57. CPAG will now be stepping up its efforts to prevent the Government reversing the vote in the Commons.

"Clearly the campaign has had the required effect, but more importantly, we are still in the middle of it," says CPAG chairman David Sharpe. Pharmacists can expect to hear directly from CPAG soon. Petitions are being set up in key constituencies with the intention of influencing MPs.

The amendment, which was voted on during the final stages of the Bill in the Lords last Thursday, also secures a minimum five year transitional period so that RPM could not be challenged under the new Act until 2004.

Lord McNally, moving the amendment, told peers there was

"a genuine dilemma between health and retailing, between community service and competition".

There was a strong case for the Government pausing and "for there to be some departmental co-ordination, to ensure that the full impact of the proposals for competition law will not have a devastating effect on health and pharmacy provision", he said.

Baroness O'Cathain, a Tory peer and a director of Tesco, argued that OTC medicines accounted for between 3 and 7 per cent of the total turnover of pharmacies. "The idea that the Bill's effect on this can damage the future of community pharmacies is unbelievable," she said.

Lord Hughes, a former Labour minister, asked whether competition would really be helped every time a pharmacy closed down because it was not profitable. "If that happens and the business goes to Boots or its equivalent, in many parts of the country we will be creating not competition but a local monopoly."

But Lord Simon, the trade minister, said it would not be desirable for the legislature to intervene to set aside the formal

process which has been initiated. "After three decades, it is reasonable for the matter to be reviewed by the competition authorities. We do not think it could be justified to remove RPM from scrutiny until perhaps 2004."

He also warned that supporting the amendment could prompt European Union intervention to challenge RPM.

The Consumers' Association has condemned the development, describing RPM as a "tax on the infirm". Director Sheila McKechnie said: "RPM is inappropriate because it is the wrong tool for the wrong target."

Supermarket chain Asda accused peers of ignoring consumers' interests and "being taken in by the pharmaceutical industry".

Decision time approaching for Beckett

It is unclear whether the Government will seek to overturn its defeat in the Lords on the Competition Bill.

The decision was on a knife edge last week, but Margaret Beckett, the president of the Board of Trade, is still thought to believe that the issue of resale price maintenance on OTC medicines should be tested in the Restrictive Practices Court.

However, she has asked for a meeting with Community Pharmacy Action Group chairman David Sharpe on March 25, before the Bill reaches the Commons.

Mrs Beckett will be expected to give a clear signal of her intentions on the Bill's second reading. She is facing increasing backbench pressure from Labour MPs who are worried about the impact on GPs, if pharmacies go out of business. Health Secretary Frank Dobson has also written to her expressing concern.

So far 144 MPs, 133 of them Labour, have signed an Early Day Motion expressing concern about the OFT's move to refer the issue to the courts while the Competition Bill is going through Parliament, and condemning Asda's attempts to end RPM.

In honour of two old Fellows...

The Council of the Pharmaceutical Society of Northern Ireland met at the Culloden Hotel, Holywood, last week to dine out two of its longest serving members.

Paying tribute to Bob Dillon and Thos O'Rourke, the Society's president Dorothy Graham said they had "crammed into one professional lifetime an amount of work that ordinary mortals would not achieve in ten".

Both men have followed a similar professional career. Mr O'Rourke registered in 1949 and Mr Dillon the following year. Both bought their own businesses shortly afterwards.

Mr O'Rourke was elected to the PSNI Council in 1970, and Mr Dillon in 1973. Both men served continuously until retiring last October. Both were presidents of the Society.

Both, again, were long standing members of the Ulster Chemists' Association Executive. Mr O'Rourke has been on the National Pharmaceutical Association board since 1967 and was the first Ulsterman to chair the NPA.

Mr O'Rourke succeeded Herbie Gamble as the Pharmaceutical Contractors' Committee negotiator in 1975. Mr Dillon was also a PCC member.

Survey shows public needs painkiller advice

The Royal Pharmaceutical Society is to publish the results of a survey on OTC painkillers next week, which highlights the need for people to ask pharmacists' advice when treating pain.

The survey of 1,000 people, which is part of the RPSGB's 'first-port-of-call' campaign to encourage consumers to use their pharmacy, will show that many people do not know which OTC painkillers are the most appropriate for common conditions.

Pharmacists are the on-the-spot experts who can help patients make the right choices for their needs, the RPSGB's

president Peter Curphey will be telling listeners of BBC Breakfast television and Radio 4's 'You & Yours', on March 17.

TV presenter Sian Lloyd is giving the campaign her support. She has recorded a feature tape with the RPSGB's head of practice, Roger Odd, which is being sent to 30 local radio stations.

The campaign is being covered next week by the *Daily Express*. Society branch public relations officers will help to publicise the findings in the local media.

The next 'first-port-of-call' campaign will be on holiday health, at the end of April.

NPA warns against selected store launches

The National Pharmaceutical Association's business services manager, Trefor Williams, has warned OTC manufacturers against launching products through selected stores.

Speaking at an IMS conference, 'Health care challenges for new product launches' in London last week, he said: "Never look at a selected store launch as it will backfire virtually every time. When you go to other pharmacies, you will find a barrier."

His warning comes after the critical reception given by independent pharmacists to Unipath's 12 month exclusive deal with

Boots the Chemists for Persona.

Mr Williams also warned that margins should not penalise independent pharmacies. He asked companies to be realistic about the level of in-store support small businesses are able to give a new product launch.

J Sainsbury's superintendent pharmacist, Richard King, said formalisation of information was the main difference between product launches in large and small companies, and he said manufacturers should consider campaigns for 'unlaunching' products when their classifications were altered from 'POM to P'.



PSNI president Dorothy Graham (centre) with Irene and Bob Dillon (left) and Kathleen and Thos O'Rourke (right). Both men were presented with a specially commissioned Tyrone Crystal mortar and pestle

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for February's **Pharmacy Update** modules:

- Mouth care (1080)
- Mental health (1081)
- Anticoagulants (1082).

Pharmacy Update is a distance learning programme, accredited by the College of Pharmacy Practice. Previous modules can be obtained from the faxback service on 0891 44791 (premium rates apply). Internet users can access the dotpharmacy site (<http://www.dotpharmacy.com>), which has a library of previous modules and questionnaires. A telephone marking service is available for a fee of £12.50 plus VAT. **Pharmacy Update** is supported by **Genus Pharmaceuticals**.

N Ireland sets up research fund

The Northern Ireland Health and Social Services Executive is making \$700,000 available in a primary care development fund for the 1998-99 financial year.

The fund aims to support initiatives involving local professionals and to promote the development and delivery of primary care services. Pharmacists are eligible to apply, and "development of the role of the pharmacist within primary care, and promoting pharmaceutical care and medicines management" are mentioned among the suitable themes for prospective applicants.

Bids for funding must be sub-

mitted through HSS Boards, which should add comments on a proposal's merits before sending it to the Executive. The deadline for the first tranche of applications is April 30 and the Executive intends to make a quick decision on them. Applicants who cannot meet this deadline should still work up their proposals and submit them as soon as possible. Projects will be considered regularly throughout the year, depending on resources.

The projects must involve innovative arrangements for the management, organisation or delivery of primary care services and emphasise a team approach.

They must deliver at least one clear benefit that can be quantified or demonstrated in terms of efficiency, quality, cost, patient/client health and social wellbeing. Ideally, successful outcomes should be capable of being replicated elsewhere.

Funding will be controlled centrally and reflect the spending requirements of approved projects. No predetermined amounts are being reserved for any particular Board or profession. Funding will be made in stages to the relevant Board, which will be responsible for managing payments and monitoring outcomes.

South Staffs funded for health promotion

Pharmacists in South Staffordshire are being funded for a new health promotion service.

They will be trained to counsel patients in one-to-one interviews about healthy lifestyles, and to provide plans to change behaviour likely to result in ill health. The service, 'Your first stop for better health', will run for a year initially, and has received \$40,000 of funding from the health authority. The pharmacists, from 13 pharmacies in Cannock and Stafford, will receive a fee per client consultation.

There will be four lifestyle campaigns - dental health,

increasing physical exercise, improving diet and smoking cessation. The first, on dental health, starts in April.

The South Staffs health promotion unit has developed a training package which is based on 'negotiated behavioural change'. It tries to make patients accept the need to change lifestyle.

The service is being managed by a steering group consisting of the authority's pharmaceutical adviser, the IIPU, LPC representatives and the NPA's community pharmacy development co-ordinator, Andrew Riley, who applied for funding on behalf of the LPC.

Pharmed recruits EDI advisory panel

Computer company Pharmed has set up an advisory panel to help it to develop open industry standards for electronic communication between GP surgeries and pharmacies.

Pharmacy bodies represented in the panel include the National Pharmaceutical Association, PSNC, the Royal Pharmaceutical Society, the Pharmaceutical Computer Systems Association and the British Association of Pharmaceutical Wholesalers.

Also represented is the NHS Executive, the Royal College of General Practitioners, the Primary Care Specialist Group, as

well as the Computer Software and Services Association.

The panel will meet quarterly and its first meeting will be held on April 20. The RPSGB has not yet confirmed whether it wants to be a full member or an observer.

The director of Pharmed, Ian Moody, says: "We realise that these acceptances do not mean unequivocal endorsement of Pharmed, but they do indicate that the market participants concerned recognise the importance of co-operation and communication in the development of electronic prescribing."

More details about anti-fraud prescription forms revealed

The Department of Health has issued more details of the new anti-fraud prescription forms, now being phased in.

The coloured forms with UV-sensitive markings will make counterfeiting difficult, especially photocopying. Serial num-

bers will enable the PPA's Fraud Investigation Unit to identify non-authentic forms and make conviction in theft cases easier - stolen forms will be recorded and will be immediately identifiable.

Microwriting will make the form difficult to reproduce; the

words 'NHS 50 years' can be seen only under a powerful magnifying glass or microscope. Anti-tampering devices will stop fraudsters from altering the prescription.

The new forms will appear first in the north of England and then in Wales, so that over 70m will have

been circulated by mid-April.

PSNC has had initial discussions with the DoH on how pharmacists can identify counterfeit and stolen forms. PSNC was not consulted on the design. The back of the new form is reproduced below.



FR10 (NC)
Do you (the patient) have to pay for this prescription?
NO ☒ Fill in **Parts 1 and 3** Give all details we ask for
YES ☒ Fill in **Parts 2 and 3** See notes at bottom of page

Part 1 For patients who do not have to pay
The patient does not have to pay, because he/she
A ☒ is under 16 years of age
B ☒ is 16, 17 or 18 and in full-time education
C ☒ is 60 years of age or over
D ☒ has a maternity exemption certificate
E ☒ has a medical exemption certificate
F ☒ has a prescription preparation certificate
G ☒ has a War/Mod exemption certificate
H ☒ gets Income Support
I ☒ gets Family Credit
J ☒ gets Disability Working Allowance
K ☒ gets Income-based Jobseeker's Allowance
L ☒ has a current HC2 charges certificate
X ☒ was prescribed a free-of-charge contraceptive
Now fill in Part 3

Part 2 For patients who have to pay
I have paid £ _____ for this prescription.
Now fill in Part 3

Part 3 Your declaration
I am the ☒ patient ☒ patient's representative
I declare that the information is true and complete
Name _____
Address _____
GP/Pharmacist _____
Signed _____ Date _____

WARNING: FALSE INFORMATION MAY LEAD TO PROSECUTION
• Leaflet HC11 tells you if you are entitled to free prescriptions. It is available from most pharmacies and all main Post Offices. Medical certificates must entitle you to free prescriptions are listed in HC1.
• If you think you may be entitled to free prescriptions, you may use the NHS Prescription (FP57). It tells you how to get your money back.

Do links with GPs lead to direction of scripts?

A pharmaceutical adviser is concerned that, in promoting co-operation between GPs and pharmacists, he might be misconstrued as directing patients to specific pharmacies and acting against the Royal Pharmaceutical Society's Code of Ethics.

Norman Evans, pharmaceutical adviser for Merton, Sutton & Wandsworth, is co-ordinating several projects involving pharmacists working with GPs. Six pharmacists are collaborating with GPs on repeat prescribing and another six on improving asthma control. One pharmacist is looking at glucose monitoring

in diabetes and another is examining polypharmacy by reviewing patients' medication at home.

One overworked GP in the repeat prescribing project asked if Mr Evans could write a letter for the surgery to hand to patients, saying that they could take their prescription to any pharmacy, but it would help the project if they took it to one of those listed.

The Society's law department has asked him to clarify the situation, as his action might amount to prescription direction. The Pharmaceutical Services Negotiating Committee has also asked

for more information, and Tesco has complained to him that its pharmacies are being excluded.

Mr Evans told *C&D* this week that if GPs and pharmacists are to work together, there is bound to be some element of prescription direction.

"The latest White Paper is recommending co-operation and partnerships between the professions. If the multiples object on commercial grounds, there is not a lot of future for pharmacists and GPs to work together. It's part of a large problem that could occur throughout the country and needs airing."

He explained that he invited all contractors within the health authority to attend a meeting to discuss the projects, but no multiple representatives turned up.

"I used only those pharmacists who expressed an interest by coming along," he said.

He has yet to reply to the Society and PSNC but says: "I don't feel I have been unprofessional or unethical in any way. My motives are honourable and not driven by pecuniary gain. I'm operating in the best interests of the patients and GPs."

Tesco did not wish to make any further comment.

Infusion alert

Baxter Healthcare is recalling a batch of its 0.18 per cent sodium chloride and 4 per cent glucose IV infusion 500ml, due to leaks at the administration set connection port in a number of bags. The batch numbers are 98A26BL (on the bags) and 98A26BLZ (on the outer carton). More information from Mr P Ball on 01842 767248. Class 1 alert.

Caverject alert

Pharmacia & Upjohn is recalling Caverject powder for injection 10 mcg (BN: EI206AA), as a precautionary measure after reports of the syringe piston jamming in the barrel during reconstitution. For details call 01908 603931. Class 3 alert.

N Ireland script figures

Chemists and appliance suppliers in Northern Ireland dispensed 1,902,401 items (1,133,206 forms) in December 1997. Net ingredient costs were £17,220,670 and gross costs £20,182,379. Discount amounted to £1,194,466 (average rate 7.08 per cent) and prescription charges £578,803.

PPD script update

The Prescription Pricing Department in Scotland has been instructed to accept endorsements for bisacodyl suppositories 10mg and cinnarizine tablets 15mg for March. It has also been told to continue processing old style forms until the end of March when the position will be reviewed.

Scottish pay talks

Pharmacy negotiators in Scotland have set March 24 as a date for the first meeting with the Scottish Office in the latest round of remuneration talks.

A first for Prof Mackie

Clare Mackie has been appointed head of the School of Pharmacy at The Robert Gordon University in Aberdeen, the first woman to be appointed to such a position in the UK.

Since graduating from Strathclyde University in 1981, she has been a practising community pharmacist.

For the past 13 years she has been delivering clinical pharmacy services from her pharmacies in Glasgow (C&M Mackie Pharmacy) – three of which she still owns.

Professor Mackie has an impressive curriculum vitae – part-time director of the Scottish Centre for Post-Qualifica-

tion Pharmaceutical Education in 1993-94, honorary lecturer at the Department of Pharmaceutical Sciences at the University of Strathclyde from 1993-97, winner of the UK Clinical Pharmacy Association Education and Training Awards in 1996 and a member of the Scottish Executive.

Professor Mackie has served on various national committees and on a number of advisory committees for the Greater Glasgow Health Board and the Royal Pharmaceutical Society.

At present she represents the profession on the Crown Review on the prescribing, supply and administration of medicines.



Head of school, Prof Clare Mackie

RPSGB defers prosecution of Pharmacy restaurant

The Royal Pharmaceutical Society has "reluctantly decided to defer prosecution" of the West London restaurant which has flouted the law by adopting the name 'Pharmacy' because there is no penalty available at present which will deter the owners from using the name.

The Society is seeking an urgent meeting with the Department of Health to discuss the protection of the public from the unauthorised use of the restricted titles 'pharmacy' and 'pharmacist'.

It is a criminal offence under the Medicines Act 1968 with a maximum penalty of a \$1,000 fine to misuse the title.

As the statutory body, the Society prosecutes where necessary to protect the public from bogus pharmaceutical services. The Society is now concerned for its

future ability to enforce the restricted title.

The restaurant's owners have actually admitted that several people have come inside expecting to get prescriptions dispensed.

RPSGB secretary and registrar John Ferguson says: "The owners of this restaurant chose the name knowing that it would bring them into conflict with the law. They evidently saw their stance as a way of getting some extra, offbeat launch publicity. There can be little doubt that they would now regard the prospect of prosecution and fine as a worthwhile outlay in terms of further publicity."

Parliament restricted the title 'pharmacy' to ensure people know where to get a professional service and to protect them from unscrupulous practices, he added.



Michelle Styles, the National Pharmaceutical Association's head of information services, made her second television appearance on BBC1's 'Really Useful Show' on Wednesday. The NPA is developing a useful relationship with the show, says head of PR Veronica Wray. Michelle's appearances follow that of head of practice, Colette McCreedy, last month. "It was fine and I wasn't as nervous as I thought I would be. The producers, unlike 'Watchdog', are not setting out to be controversial and were very pro-pharmacy," says Michelle

PIANA PLAYER



Dipan Shah

Like January's PIANA player, Indira Panchal, Mr Dipan Shah from St John's Pharmacy in Weymouth, Dorset, is planning to convert his premises into a health centre for the local community.

The new centre, which opens this month, will contain a pharmacy and four consulting rooms. Dipan will use one room for pharmacy consultations and cholesterol, blood pressure and glucose testing – the remaining three will be for other practitioners.

He hopes to persuade local complementary practitioners – herbalists, aromatherapists, chiropodists and osteopaths – to use the other rooms, and expects each of them to hold up to three two-hour sessions each week.

Professional premises will help sell the complementary practitioners' services to the public, he believes, and an added bonus for practitioners is the confidence that will rub off on them from working alongside a pharmacist.

GPs at the surgery next door are divided in their views about the centre, but Dipan hopes to win the doubters over in time.

Dipan has a diploma in marketing, which he has used to carry out customer surveys to help plan for the future. He asks visitors what services, such as seating, a baby-sitting area, travel information and health promotion, they would like to have in a pharmacy.

Dipan plans to use the replies as evidence to sell augmented services to the health authority one day. "The marketing diploma has definitely served me well. It has challenged the way I think, made me look for specific trends and examine people's actions and behaviour," says Dipan.

The PIANA initiative has given Dipan Shah the confidence to develop his pharmacy's services, but he thinks that elsewhere progress has hit a wall because pharmacists are struggling to turn theory into practice.

"The PIANA initiative inspired me to challenge the way we operate. It fits in well with my own thoughts. If we stand still, we will die – we have to innovate to succeed," he says. He advises others to analyse their businesses and capitalise on opportunities.



You can have it all for a fair day's pay

Another LPC conference has come and gone, and with it a small sigh of relief that the discount clawback may not be as large as some had predicted. Nevertheless, £14 million is a substantial figure and its removal will cause hardship to many pharmacists.

But the question is why? After all, this is not our money, so it should have not been used by us to calculate our profitability. Grateful thanks should be all we might expect for enabling increased resources to be made available to the NHS.

In a fair world this is exactly what should happen. Sadly, the remuneration I receive from my NHS pharmaceutical contract is imposed at such a low level that I have to rely on my acumen at negotiating discounts to counteract the shortfall.

Mr Dobson is long on emollient praise for community pharmacists, but so far, short on constructive action. Perhaps he should take a few moments to reflect on why this particular clawback has generated such an

Topical Reflections

avalanche of concerned debate.

Contrary to the smug opinions of his officials, most pharmacists do not earn an NHS fortune. The only reason for the apparent stability in pharmacy numbers is that when you are self-employed, and your capital and future pension is invested in your business, you have no choice other than to stagger on. Year by year it is clear that real returns are falling, but with no way out, pharmacists will continue to trade until bankruptcy itself becomes the only alternative.

I work hard for the NHS and have been told that I am doing a good job. I am pleased that my professional services are appreciated, but praise does not pay the landlord, pay for my pension or provide the capital to invest for the future. I know that relying on beating the discount average is a prescription for future economic disaster but I have no choice.

Mr Dobson, reimburse my actual costs and pay me a fair rate for the job you say I do so well, and in return I will be delighted to send you the fruits of my discount buying.

Consumer marketing in the electronic age

The use of loyalty cards has exploded exponentially in the past few years, but a quick look in my wallet finds that I am no more resistant to their

attraction than any other consumer. I have cards from W H Smith, Sainsbury's, Safeway and Tesco. So far I do not have one from Boots – that I am saving that for when I retire!

My reasons for using these cards is that if I shop in these stores, then I will lose by not taking their points, but my real loss could be the amount of information I potentially supply for free to the computer databases these companies can build up from cardholder purchase.

Big brother has arrived and every card swiped through a supermarket checkout could provide priceless information for their marketing experts.

Boots has just started a 'Mother & Baby at Home' mail order business using names from its Advantage loyalty card database (*C&D Business News*, March 7). I have received targeted incentive mailings from at least one of the supermarket cards I use.

The information obtained from these cards is used to manipulate consumers buying habits and I am sure it works.

I cannot compete by investing in similar electronic services, but the lesson to be learned is that information about my own customers is invaluable in order to not just determine their needs, but also to target their desires.

In the past I have often discarded competitions, promotions and incentive schemes as too time consuming for too little return, but they are a way of obtaining that vital database.

With careful analysis, I should be able to identify specific consumer groups and then use local advertising to target my sales. This will be a new approach for me, but what is sauce for the goose has to be sauce for the gander!

SCRIPTspecials

MMR scare leads to shortage

Pasteur Merieux has run out of its single vaccines for measles and mumps, following demand by parents concerned over reports linking autism and Crohn's disease to the triple vaccine (**Script Specials**, last week).

The out of stock situation has arisen because the company only keeps a few hundred doses in stock – the UK policy is to use the triple MMR (measles, mumps and rubella) vaccine.

Tom Dick, director of business relations at Pasteur Merieux, said there was no scientific or

medical evidence suggesting differences in side effects between single and triple vaccines for MMR. Using single vaccines would only mean putting the child through three injections.

"More than 250 million doses of MMR over 26 years have been given worldwide and if the alleged links were true, we would have found out about it by the sheer number used," he says.

Distributor Farillon says that demand for MMR vaccine has dropped substantially after recent adverse publicity.

Nutricia adds fibre to gluten-free bread

Nutricia Dietary Products is introducing fibre varieties of its Glutafin gluten-free part-baked loaf and rolls.

Glutafin part-baked fibre loaf (400g) and Glutafin Four part-baked fibre rolls (280g) are suitable for people with the coeliac condition, or those who are following gluten-free diets.

Available through pharmacies and some health food stores, the products have a long shelf life and will be obtainable on prescription to those with the coeliac condition.

Retail price is £3.45 for loaf and rolls.

Nutricia Dietary Products Ltd.
Tel: 01225 768381.

MEDICAL MATTERS

Taking account of the body clock's sedative effects

Patients should be warned that the sedative effects of drugs are more marked between five and six in the morning and between two and three in the afternoon, according to Professor Jim Horne, of the University of Loughborough's sleep research laboratory.

At these times, there is a dip in the body clock which naturally makes people feel more tired.

If someone is already sleepy, alcohol and other sedatives are likely to have a greater effect at this time. This helps explain why many people feel the need for an afternoon nap and why lunch-time drinking can wipe out the afternoon.

"People may be within the legal limit for alcohol but still

unfit to drive," says Professor Horne. Similarly, someone who has been kept awake at night with a cold or hayfever may be more susceptible to the sedative effects of antihistamines.

When taken at night to encourage sleep, these drugs will potentiate the early morning dip in the internal clock, making driving particularly dangerous at that time.

He thinks warnings that certain OTC medicines 'may cause drowsiness' should be much stronger and they should advise against driving at all when taking anything with potential sedative effects. He would like to see such medicines carry a red warning triangle, as in some other countries.

"We're pussyfooting around and avoiding the issue in the UK," he says, adding that the Department of Transport – which funds some of his research – may be carrying out a campaign against taking drugs and driving later this year.

His research has shown that, for those who are not taking sedatives, the best antidote to feeling sleepy when driving is to drink two cups of coffee (at least 150mg caffeine) and to have a ten to 15 minute nap – any longer and you will enter deep sleep and feel worse on waking.

Brief exercise, as recommended by motoring organisations, is useless while cold air blowing through the car window can help for about 15 minutes only.

Health of older women overlooked by NHS

The NHS and the economy as a whole could save more than £1 billion a year if the health problems facing women over 45 were better understood.

Women in this older age group make up a fifth of the UK population, yet their health needs are often overlooked because of ignorance among policy makers, health care workers and women themselves, says a new report from the Pennell Initiative.

In its report, the first to look into the total health care of women in later life, the Pennell Initiative has drawn up a set of conclusions and recommendations to redress the balance. These include:

- placing a particular emphasis on prevention of coronary heart disease among women aged 45-

75 in the 'Our Healthier Nation' Green Paper

- extending routine breast cancer screening to women over 65

- appealing to the Department of Health to produce impartial guidelines on the risks and benefits of hormone replacement therapy, so that women can make an informed choice rather than being swayed by the media.

- avoiding generalising drug research undertaken on male test groups to women. Research should specifically take into account the characteristics of each sex

- encouraging health authorities to have a strategy for osteoporosis in terms of prevention, detection and treatment

- businesses that are large employers of older women

should review employment practices to include a proactive occupational health service. This is particularly true for the NHS.

Speaking at the launch of the report, Dame Rennie Fritchie, chair of the Pennell Initiative, said: "The findings of the Pennell Report are long overdue. Women aged 45-105 are a big social group and their health must be addressed in a positive life-affirming way."

Copies of the report are available on 0800 550220 ext 4786 or via the website <http://hcwv.man.ac.uk/hsmu/pennell>.

The Pennell Initiative is a joint initiative between the Health Services Management Unit of the University of Manchester and the Nuffield Institute for Health funded by a grant from Wyeth.

Lifescan consumer offer

Lifescan is reimbursing diabetics with £20 for every One Touch meter sold through pharmacy. This means customers paying only £9 for the Basic meter and £29 for the Profile meter. The offer expires on June 30. PoS material is being supplied to pharmacists. **Lifescan. Tel: 01494 450423.**

Nivaten Retard from Cox

Cox has launched Nivaten Retard 20mg (nifedipine) tablets in calendar packs of 56 tablets (basic NHS price £8.65). **Cox Pharmaceuticals. Tel: 01271 311200.**

Ciproxin suspension

Ciproxin has been launched as an oral suspension containing 250mg ciprofloxacin in 5ml. The product comes as diluent and granules which reconstitute to produce 100ml ready-to-use suspension (£15 basic NHS). **Bayer. Tel: 01635 563000.**

Dermapharm acquisition

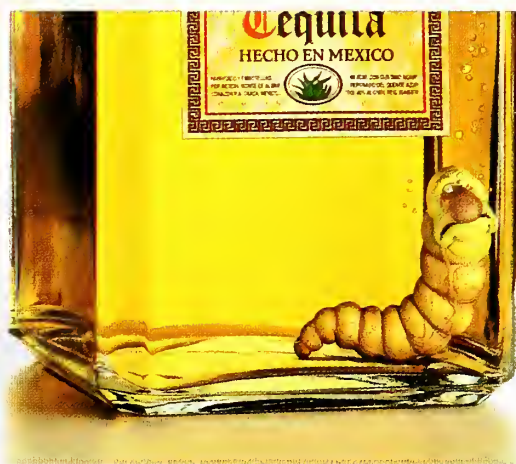
Dermapharm has acquired Acnival, Meted, Occlusal and Pentrax from Bioglan. **Dermapharm. Tel: 0181 974 2266.**

Generic naproxen

Sterwin has launched naproxen EC tablets in 250mg (56, £5.79) and 500mg (56, £11.58) strengths. **Sterwin Medicines. Tel: 01483 505515.**

Losec 10mg repacked

Losec 10mg has been repacked into peel-back blister strips to complement the packaging of Losec 20mg and 40mg. **Astra. Tel: 01536 461146.**



The answer is Bayer Consumer Care. We constantly prove that we care for our consumers by launching new products like Alka Seltzer XS, Canesten Hydrocortisone cream and Soothelip. We also support our existing favourites like Alka Seltzer Original and Canesten Combi. And what do all these products have in common? Over £10 million adspend and the most exciting and memorable advertising ever.



Bayer Consumer Care

COUNTERpoints

Lyprinol mussels in on joints

Lyprinol is a new patented extract of New Zealand green lipped mussel formulated for joint care.

The extract is very rich in omega-3 fatty acids, a component which has been shown to have anti-arthritis properties. The use of these fatty acids, however, has been limited by the large doses needed to produce an effect.

Lyprinol, on the other

hand, is a highly concentrated marine oil, which has been stabilised in olive oil. It is claimed to be at least 200 times more potent than green lipped mussel powder, fish oils and evening primrose oil.

Each capsule contains Lyprinol lipids (eicosatetraenoic acid) 50mg, olive oil 100mg and vitamin E 0.3mg. The initial dose is two capsules twice a day for

the first three to six weeks, after which the dose can be reduced to one to two capsules daily for ongoing joint care. The product needs to be taken for at least eight to 12 weeks.

Nutraceuticals plans to apply for a licence for Lyprinol in the future.

Lyprinol (50 capsules) costs £21.95 including postage and packing.

Nutraceuticals Ltd.
Tel: 0115 9483515.

Unichem hits hayfever on the nose



Unichem is launching its own brand nasal spray for hay fever in April.

Unichem Nasal Spray for Hay fever (200 doses, retail price £5.29) contains beclomethasone dipropionate 0.05 per cent w/w.

All orders placed before the end of May will receive an introductory 15 per cent discount off the quoted trade price.

Unichem Plc.
Tel: 0181 391 2323.

Poster campaign

Warner-Lambert is supporting its Zovirax Cold Sore Cream with 1,600 posters in the London region this month. The posters feature the

strap line 'Nothing can heal cold sores faster'. A new counter unit, dummy pack and cubes window display are available.

Warner-Lambert Consumer Healthcare.
Tel: 01703 641400.

Summer sneeze safari country wide

Throughout the summer, the Claritin allergy team will go on a country wide 'sneeze safari' to advise on coping with hayfever.

The Claritin jeep will tour the UK, visiting large retail parks and motorway service stations on some of Britain's busiest holiday routes. One of the aims is to educate consumers about the dangers of sedating drugs and driving. Consumer information leaflets highlight the fact that Claritin acts quickly without causing drowsiness.

A range of marketing activity is planned for

this year, including a \$2 million consumer advertising campaign, PoS material, and pharmacist and assistant training.

A national television campaign, starting in May, will feature the 'Morphing man' commercial which made its debut last year. Weather and pollen count forecasts will determine when the commercial is shown.

The product will also be the first hay fever remedy at the Cosmopolitan Show, to be held in May.

Schering-Plough Ltd.
Tel: 01707 363636.

Glucosamine 1000 Plus targets joints

New from Kordel is Glucosamine 1000 Plus, a high strength glucosamine sulphate supplement for maintaining a healthy musculo-skeletal system.

Each tablet contains glucosamine sulphate 1,000mg as well as vitamin C, bioflavonoids, zinc, copper and selenium. The naturally-occurring amino sugar is thought to help the symptoms of arthritis and help repair damage caused by sports injuries.

Glucosamine 1000 Plus costs \$9.99 for 30 tablets (one month's supply).
Health Imports Ltd.
Tel: 01274 487662.

Hemocane marketing

Eastern Pharmaceuticals is now marketing and distributing Hemocane cream. Novartis Consumer Health marketed the product previously.
Eastern Pharmaceuticals Ltd.
Tel: 0181 569 8174.

Soothing news

Askit Laboratories is supporting its Jaap's Health Salt indigestion and stomach settler with a £850,000 advertising campaign.

Askit Laboratories.
Tel: 01236 458909.

New look Nytol is easy-to-swallow

Stafford-Miller is giving Nytol a new look and a \$3.5 million promotional push.

Nytol's easy-to-swallow caplet formulation has been extended to Nytol One-A-Night. Both lines have also been repacked into blister strips and now come in bright new packaging.

New look Nytol One-A-

Night will be available immediately, while the relaunched standard Nytol is expected to follow in the next month or two.

The \$3.5m promotional spend will include television and women's press advertising and PR.

Stafford-Miller Ltd. Tel: 01707 331001.



Pharmaton wakes up to fatigue

Pharmaton has received a new indication for daily fatigue which looks set to open a new OTC sector for pharmacy.

As a result, Windsor Healthcare has relaunched the brand with new packaging and extensive financial support. Television advertising is on trial in the Midlands with a view to rolling it out

nationally, if successful.

Brand manager Donna Stuart says: "Pharmaton offers the pharmacy a new business opportunity and the chance to exploit a new business sector of pharmacy trade."

The new Pharmaton packs are expected to hit the shelves in April.

Windsor Healthcare Ltd.
Tel: 01344 484448.

Ralgex gets topical with ibuprofen

Ralgex Ibuprofen Gel is the latest topical analgesic to hit the shelves.

Ralgex Gel contains ibuprofen 5 per cent and comes in 30g tubes retailing at \$3.65. The gel carries a GSL licence.

Television advertising is supporting the brand and Seton Healthcare representatives will be detailing promotional deals.

Seton Healthcare Group Plc.
Tel: 0161 654 3000.



Lady Jayne gets set for summer

Laughtons is launching a new spring/summer collection in its Lady Jayne hair accessories range.

The new fashion range features seven lines including scrunchies, flexicombs, claw clips and sleepies. The scrunchies (rsp \$1.49) come in red, blue and citrus satin feel and pastel pink, blue and cream soft feel.

Flexicombs and crystal claw clips (rsp \$0.99) are styling accessories which come in a variety

of colours including purple and pink. The jelly sleepie clips (\$1.49), which come in bright blue and pink, are suitable for securing

merchandising opportunities. Lady Jayne's kid's range incorporates ten new lines including ponytailers, claw clips, scrunchies, wraps, bandeaux, mini jelly claw clips, glass bobbles and slides. The range features a variety of fun colours and patterns. Retail prices range from \$0.99 to \$1.79. Laughton & Sons Ltd. Tel: 0121 436 6633.



away from the face. New packaging for the range incorporates a swing tag to maximise

All aboard the Matey bathtub

Sara Lee is launching four new characters in its Matey children's bubble bath range, which is celebrating its 10th birthday.

Continuing the brand's nautical theme, the new variants are Sailor, Mermaid, Pirate and Polly the Parrot.

An improved bottle shape helps to bring the characters to life to make

them more appealing to children.

Dermatologically approved, the bubble bath has a new gentler formulation, which is designed to be kind to sensitive skins.

Retail price is \$1.79 (500ml). Sara Lee UK Ltd Household & Body Care. Tel: 01753 523971.



ON TV NEXT WEEK

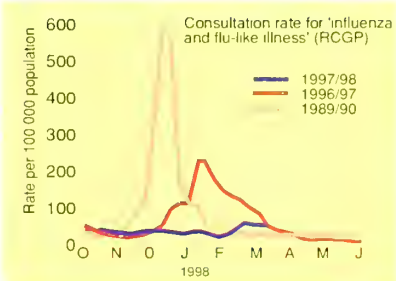
Askit: GTV, STV, C4, GMTV
Clearblue Home Pregnancy Test: G, C, LWT, CAR, C4, Sat
Colgate Total: All areas
Corn Silk range: ITV, C4
Covonia: GMTV
Imodium: All areas
Listerine antiseptic mouthwash: All areas
Macleans total clean toothpaste: GMTV, STV, B, C, A, HTV, W, M, LWT, TT, Sat
Nurofen: All areas except U & Sat
Nytol: All areas
Nytol Herbal: All areas
Otex: C4, LWT
Oxy: All areas except U, LWT, CAR, GMTV
Pearl Drops: C4, C5
Poli Grip: All areas except CTV, W, LWT, GMTV, TSW, Sat
Propain: All areas except GTV, U, CTV, W, CAR, TSW
Sensodyne toothpaste: All areas
Setlers: All areas
Seven Seas extra high strength cod liver oil: C4
Slim Fast: All areas
Slumber Cup: C, LWT
Solpadeine: STV, C, HTV, CTV, M
Vicks New VapoSyruP: GTV, STV
Wella Experience: Sat
Wella Shock Waves: Sat
Wilkinson Sword FX Performer: GTV, U, STV, Y, C, A, M, LWT, TT, C4, Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

Flu Monitor



Information updated weekly by the Public Health Laboratory Service, London



Flu-like illness tailing off after February peak
Any hopes that pharmacists might have had for a late burst of cough and cold activity – and a consequent increase in OTC sales – look like being unfulfilled. After peaking towards the end of February, consultation rates with GPs for flu-like illness have fallen, and continued to

do so again in week 9 (ending March 1). In the sentinel scheme operated by the RCGP in England, consultations for new episodes of flu and flu-like illness were at 57 per 100,000, down from 67 the previous week. The rate is just within the range of normal seasonal activity, with the highest rates in children under five (85 per 100,000) and the lowest in pensioners (30 per 100,000).

In Wales, consultation rates for flu have risen slightly to 14.7 per 100,000 (compared to 11.1) but remain within the range for baseline activity. Consultations for flu-like illness in Scotland are little changed at 118 per 100,000, within the range of normal seasonal activity.

Laboratory reports of flu infection are also falling. Sixty four cases of influenza A were reported in the week ending March 6. Flu activity across Europe and in the US is also decreasing, after peaking in early February.

Data from the PHLS (Communicable Disease Surveillance Centre, Virus Reference Division, CDSC Welsh Unit), the RCGP and Scottish Centre for Infection and Environmental Health

Brought to you in association with

Unbeatable relief only from a pharmacy

ONE CANNOT
HOPE TO
EMPTY SHELVES
IF SHELVES
EMPTY TO
START WITH.

Zen, the new fragrance from Impulse -
UK No.1 bodyspray.
Top nine bodyspray variants are Impulse*.
Zen have mighty £5.3 million campaign: TV,
Press, Cinema, Bus Ad. Mega Rears.
With Zen, you soon reach state of mind
known as very happy.

EF
ELIDA FABERGÉ
LONDON



Fashion at your fingertips

Paul Murray is launching two new additions to its Murrays range.

Harlequin emery boards are fun, six colour, zig-zag patterned boards. Made using long-lasting aluminium oxide, they are designed with a plastic spine for rigidity and foam laminate for handling comfort.

The boards are presented on individually



blister-packed cards (rsp \$1.49).

New in the same range are bright nickel plated tweezers, called T2.

They feature precision ground oblique and straight tips and a special finger grip for enhanced comfort and ease of use.

The tweezers are sold on a tent card displaying 24 (14 with oblique ends and 10 with straight ends) or on

individually blister-packed cards. Retail price is \$1.95.

Paul Murray plc.
Tel: 01703 268444.

Eye contour care from Guerlain

Guerlain will be launching a new anti-ageing cream, for the eye area, on March 30.

Age Defense 12M Time Responsive Eye Contour Care has been created for the area around the eyes.

The product's active ingredient is loquat, said to improve the volume and firmness of the skin.

Other ingredients are ivy, which is claimed to have a decongestant effect, and ruscus extract which helps the function of the capillary network in the eye contour area.

The retail price is \$26 for a 15ml pump dispenser.

Guerlain Ltd.
Tel: 0181 998 1646.

Coty gets personal with Sunshimmer

Coty has relaunched Sunshimmer and added two new self-tanning products to the range.

The new additions are Sunshimmer Personal Colour Self Tanning Body Lotion (100ml, \$5.25) and Face Cream (50ml, \$4.25). Each comes in Bronze Tan and Golden Tan colours.

The two new wear-off formulations contain

liposomes to help stabilise the tanning agent and give better coloration of the skin. The products also give SPF 4 protection and are lightly fragranced.

In addition, the entire Sunshimmer range has been repacked, and easy to follow instructions have been added. A \$125,000 three month advertising campaign in

the women's press will support the relaunch.

For independents, a free loofah is being given away with wear-off products and a \$1 off offer on wash-off products. A PoS merchandiser unit has also been provided.
Coty (UK) Ltd.
Tel: 01233 625 076.



Wider distribution for Biore strips

The Andrew Jergens Company is widening the distribution of its Biore Pore Perfect Cleansing Strips to pharmacies this spring.

Launched exclusively in Boots last October, the cleansing strips are designed to clean clogged pores and blackheads.

Designed to 'lock' onto the nose, the strips are activated by water – pulling out dirt, impurities and blackheads from pores and leaving skin clean when peeled away.

They must only be used on the nose and should not be used more often than once

every three days.

Retail price is \$7.50 for six strips.

Food Brokers Ltd.
Tel: 01705 219900.



Decubal support

Dumex has launched a new campaign to support its Decubal moisturiser for the treatment of dry skin problems. The campaign includes a '12 as 10' offer for Unichem pharmacies.

Dumex Ltd.
Tel: 01442 890090.

Kid's stuff

The Wrigley Company has launched Orbit for Children sugar-free chewing gum. Retail price is £0.22 for six sticks.

The Wrigley Company Ltd.
Tel: 01752 701107.

Another name in aromatherapy ...

Crabtree & Evelyn is planning to enter the aromatherapy market for the first time.

Its Aromathology collection will be available in May. The range is designed to appeal to female consumers in their 30s.

Comprising over 50 products, the range includes essential oils, ready-for use essential oil blends, shower gels, body lotions, massage oils, and bath oils.

Retail prices for

essential oils range from \$6.95 for eucalyptus, peppermint, rosemary and grapefruit to \$10.50 for neroli, sandalwood and rose.

Bath and body products cost from \$10 for shower gels (250ml), to \$14.50 for body lotions (250ml).

The launch will be supported at PoS with showcards, posters, leaflets and a merchandiser.

Crabtree & Evelyn.
Tel: 0171 603 1611.

Four models in latest Philips shaving range for ladies

Philips has launched a new wet and dry Ladyshave & Care range, which includes a new style of ladies shaver.

The range of four models is designed to be used in conjunction with a special moisturising balm, which contains aloe vera and provitamin B5 to leave the skin supple and flexible. This allows the razor to glide closely over the skin to give a more effective, quicker shave.

Two of the models include an opti-shave system with two interchangeable foils – a blue foil for underarms and bikini line and a silver foil for legs.

All the models have a pop-up trimmer and can be used wet in the bath/shower or dry.

The shavers come in

attractive two-tone pastel shades and feature a streamlined design.

The range includes two rechargeable models (rsp \$39.99, \$44.99), which are available from this month, and two battery models (rsp \$29.99, \$34.99), which will be launched in April. Refill bottles of the balm will retail at \$3.99.

The range will be supported by an advertising campaign from May onwards. This will include women's press advertising in early summer and before Christmas.

Philips Domestic Appliances and Personal Care.
Tel: 0181 689 2166.



Bonus scheme from Crookes Healthcare

Crookes Healthcare is running a pharmacy targeted promotion, aimed at stimulating further pharmacist recommendation of the

E45 range, as well as improving consumer understanding of emollients.

By increasing their volume of orders, pharmacists can receive an E45 discount of up to £70.

Further support for the promotion comes in the form of new point of sale material, which explains to consumers how to select and use the various E45 products to obtain maximum benefit.



Sun E45 is also being supported with a bonus scheme for stockists and two new pre-stocked pharmacy display units for 1998, which display the Sun E45 range in

order of increasing protection factor – SPF's 8, 15, 25 and sun block factor 50.

To encourage recommendation of Sun E45 products and

acknowledge increasing volumes of pharmacy orders, Crookes is also running a bonus scheme worth up to £75 on the range.

Crookes Healthcare.
Tel: 0115 953 9922.

Scholl guide

Scholl is launching a new patient's guide to graduated compression hosiery which aims to encourage patient compliance. Free copies of the leaflet are available from:

Scholl Customer Services.
Tel: 01582 443300.

Regular campaign

Cedar Health is extending its advertising campaign for Orisan Fruit Cubes which contain figs, senna and tamarind to help maintain regularity. Some £200,000 is being invested in the campaign.

Cedar Health Ltd.
Tel: 0161 483 1235.

J&J backs award winners for baby

Johnson & Johnson is supporting three of its baby products with a \$1 million TV and press advertising campaign this year.

The campaign focuses on Johnson's Baby Breatheasy Bath, Cloth Wipes and Nappy Cream, which were all award winners in the 1997 Mother

& Baby Awards.

The award logos will be featured in all TV and press advertising for the products.

Press advertising for all three products will run throughout the year, in key parenting titles.

Johnson & Johnson Ltd.
Tel: 01628 822222.

Paul Murray's sock is on guard against foot infections

Paul Murray is introducing a new guardsock in its Safe & Sound range.

Designed for protection against protection against verrucae and other foot infections, the guardsock is for wearing in wet environments such as swimming pools, changing rooms, showers and baths.

The product comes in five sizes – extra small, small, medium, large and extra large.

It features a slip-resistant sole and a contoured shape for added comfort.

Retail price is \$3.75.
Paul Murray plc.
Tel: 01703 268444.



TO ALL PHARMACISTS

Over the past two months there have been some disruptions to the distribution of the products of **Monmouth Pharmaceuticals Limited.**

We apologise for any inconvenience this may have caused you and your patients.

We would like to reassure you that we have plenty of stock of our products:

Baratol*

Celevac*

Eminase*

Enterosan*

Entrotabs*

Ethmozine*

Expulin*

HRF*

Isordil*

Isordil Tembids*

Lodine*

Lodine SR*

Maxolon*

Meptid*

Mintec*

Topicycline*

If you have any difficulty in obtaining supplies of these medicines please ask your wholesaler to contact us on **07000 Monmouth** or **01483 565299**, and if necessary, ring us yourself and ask for Tim Owen.

MONMOUTH
PHARMACEUTICALS

Monmouth Pharmaceuticals Ltd
3 & 4 Huxley Road, The Surrey Research Park,
Guildford, Surrey GU2 5RE

*Trademarks

Wake up to Nytol.

Bright and refreshed.



- Z** The new re-launched Nytol is the brightest star in the OTC sleep aid market.
- Z** A market which Nytol still utterly dominates from the No 1 position, despite fierce competition.
- Z** But the first thing that should catch your eye is the new packaging. Look closer and you will see that Nytol Original and Nytol One-A-Night are

now both in easy to swallow caplets, in modern convenient blister packs.

- Z** The whole Nytol range continues to hold the eye of the consumer through extensive TV advertising, PR and advertorials in women's press.
- Z** You'd better stock and display Nytol right now, or the demand might just give you a rude awakening.

The dream product's just got better.

Product information: **Presentation:** Nytol: White uncoated oblong caplets imprinted with an 'N', each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White uncoated oblong caplets imprinted with 'NS0', each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Warnings and precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for nursing mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquillizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night

should be used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side-effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Pharmaceutical precautions:** Store in a dry place. **Legal category:** P. **Retail selling price including VAT:** Nytol £2.25 for 16 caplets. Nytol One-A-Night £3.85 for 16 caplets. **Product licence number:** Nytol 0036/0050. Nytol One-A-Night 0036/0069. **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts. AL7 3SP. **Date of preparation:** February 1998. Nytol is a registered trademark and Nytol One-A-Night and the Z's logo are trademarks of Stafford-Miller Limited. Further information is available from Professional Relations Division, Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, AL7 3SP.



SEE CAMBRIDGE COUNTERPAIN EDUCATION MODULES

HOW THE NEW ANALGESIC LAWS AFFECT YOU...

The new Government has already been very busy in medicines. Last September, it announced new regulations affecting the sales of analgesics.

WHAT TO DO NOW!

- Identify** the affected lines. **Check** the levels and rate of sale of stocks. **Don't over-order.**
- From June 15th**, we will supply you with products in the new legal pack sizes so that sales can be maintained.

WHITEHALL SUPPORT

- Whitehall are investing considerable sums behind a communications campaign providing you with objective support and advice to help ensure that these changes are pain free, including:
- A personal visit** or telephone communication from your Whitehall representative.
- Sponsorship of the C&D **Cambridge 'CounterPain'** training modules which are devoted entirely to the new analgesic laws and how they affect you.
- Tailored planograms.** Available from July 4 in the second Cambridge CounterPain module with Chemist & Druggist. Also available from Whitehall Laboratories' representatives, or through the Anadin* Helpline Number on 0800 269 034.



From



Whitehall Laboratories
Makers of
ANADIN* & ADVIL*

* Trade Mark

Marketwatch: OTC products

C&D asks market analyst IRI Infoscant to spotlight the best performing OTC categories

There are some OTC categories which are growing significantly both in pharmacies and in the grocery sector. While the percentage of sales from large categories such as oral analgesics is still increasing in favour of grocers, there are a number of smaller categories selling almost exclusively in chemists.

In the past year, the smallest category in terms of value has grown the most. The irritable bowel syndrome medications market is up a staggering 138 per cent across all stores and 178 per cent in chemists (excluding Boots). It is clearly a market which has been welcomed by sufferers.

Colpermin (Pharmacia & Upjohn) commands a 56 per cent share of this \$6.5 million market and has overtaken Whitehall's Relaxyl, in the past year.

As with the emergence of OTC

anti-thrush treatments a couple of years ago, awareness of both the problem and a potential cure is slowly finding a market, despite very little advertising.

Anti-fungals remains one of the fastest growing OTC categories, with 15 per cent more sales than last year and more than half of these going through chemists.

Part of this growth can be attributed to Pfizer's Diflucan One. Increased awareness due to extensive advertising has reaped it a 15 per cent share of all anti-fungals for this product.

Sales of Bayer's Canesten Combi 1 per cent have grown by 26 per cent in the past year.

Go medicated ...

Medicated mouthwash continues to grow significantly as dental hygienists recommend the medicated varieties.

While the non-medicated formulations have increased by around 6 per cent across all stores, the chemist share of non-medicated mouthwashes is shrinking in favour of more clinical products such as brand leader Corsodyl (Smithkline Beecham) and Warner Lambert's Oraldene.

Colgate's medicated mouthwash Fluorigard has grown by 9 per cent since last year. Led by Corsodyl, the flavour sector of the market is also developing, with mint up by 24 per cent. This could also be a factor in introducing new users to the category.

Oral analgesics is one of the largest OTC markets by value, and it continues to grow. The deregulation of ibuprofen and the subsequent launch of own label products has made a huge impact - ibuprofen now

accounts for a quarter of all analgesics, compared to 15 per cent a year ago.

Of the branded analgesics, Nurofen ibuprofen caplets have been very successful and the Nurofen range is now close to catching Anadin as market leader.

The increase in 12 count packs has also contributed to this growth. This sector has increased by 24 per cent in the past year - partly due to the emergence of Advil, but also because of government legislation to reduce pack sizes.

Within the independent pharmacy sector, two big growth products during 1997 were Solpaflex ibuprofen tablets and Panadol Night. These Pharmacy-only brands have helped to increase Smithkline Beecham's dominant share of the market.

The trend for self-medication is clearly one which is here to stay, and OTC medicines look set to grow and grow.

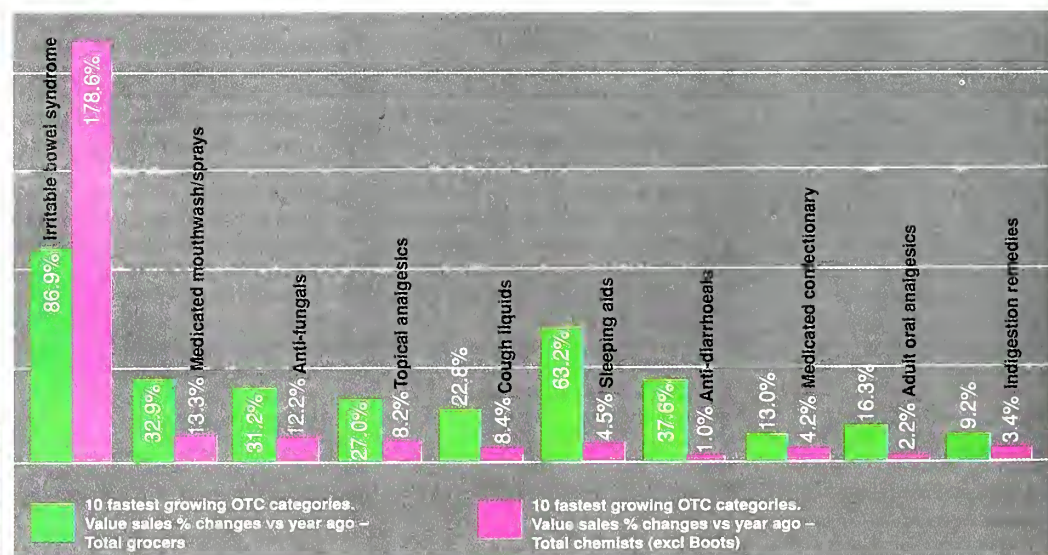
Chemists continue to dominate in many of these markets, despite the ever-increasing range of medicine available in supermarkets.

Top ten categories

The chart compares the top ten fastest growing categories in chemists (excluding Boots) with those in grocers. These may not be the biggest OTC categories but by looking at growth rather than absolute sales volume, it is possible to detect trends and, most importantly, to see which categories do best in chemists. Growth is shown as the percentage increase in value sales for each category in the 52 weeks ending December 28, 1997, compared to the same period a year ago

1	Anadin	£36.8m
2	Nurofen	£36.0m
3	Solpadeine	£25.8m
4	Beechams cold/flu decongestants	£24.4m
5	Benlyn	£23.8m
6	Calpol	£19.9m
7	Strepsils	£16.0m
8	Canesten range	£15.0m
9	Lemsip	£14.2m
10	Zovirax	£13.3m

Source: IRI Infoscant 52 weeks to Dec 28, 1997 (total market)



Pharmacy's role in a Brave New World

Opening the Scottish Pharmacists' Conference, Royal Pharmaceutical Society president Peter Curphey outlined the profession's strategic aims and how they can be progressed by ensuring they are aligned to NHS strategy.

He made it clear that the Society is trying to completely reposition the profession, building on its traditional role, but expanding public use of the expertise available.

The management of prescribed medicines was pharmacists' primary function, Mr Curphey told the conference. "It is our expertise as medicines managers which convince others of our right to be at the table in discussions surrounding the provision of care by primary care teams."

With respect to the management of long-term conditions, he believes it is clear that pharmacists' input will prove to be crucial in disseminating advice and information, and ensuring that patients get the greatest benefit from their long-term therapy.

Turning to the management of common ailments, Mr Curphey said: "We need to convince legislators and opinion formers that the 30 per cent of GP visits calculated to be for minor, self-limiting illnesses should sensibly be directed to pharmacy."

"There are huge workload savings to be made for the GP service, and there are manpower implications for pharmacy, too, if we are able to tackle this task professionally."

There are six million pharmacy visits a day, and Mr Curphey urged pharmacists to be "proactive in using our footfall statistics to increase our involvement in



RPSGB's president Peter Curphey

public health issues", referring, in particular, to nutrition.

Providing advice and support for health care professionals – whether prescribing advice or specialist services – is an aim fully reflected in the NHS primary care objectives.

To help pharmacists achieve these aims, the Society has implemented a restructuring of the organisation at Lambeth.

Mr Curphey described the current vertical structure as "not very modern" and said that "Council and staff appear to work separately". The new structure will involve more cross boundary working.

A new public affairs directorate is intended to raise pharmacy's public profile. A policy support unit will help develop Council policy by commissioning work from expert groups, allowing Council to focus more clearly on strategy and where the Society is going.

On a final note, Mr Curphey said the Council was implementing a strategy, but can only do so much. The rest is up to pharmacists themselves.

The Scottish Pharmacists' Conference, held in Dunblane over last weekend, attracted 90 delegates for a healthy mix of presentations and debate about the new NHS White Paper, 'Pharmacy in a New Age' and the future roles for pharmacists. Delegates included the president of the Royal Pharmaceutical Society, Peter Curphey; the president of the Pharmaceutical Society of Northern Ireland, Dorothy Graham, and chairman of the Welsh Executive Sarah Cockbill as well as Scottish pharmacists from community, hospital and academia

Co-operation not competition

The fact that pharmacy is not mentioned in the Scottish NHS White Paper should not be viewed as negative.

Graeme Millar, a member of the Scottish Executive and chairman of the Edinburgh Sick Children's NHS Trust, told delegates at the Scottish Pharmacists' Conference: "So what!"

Working through the document 'Designed to care – renewing the NHS in Scotland' Mr Millar highlighted aspects of the paper that relate to the broader picture, and areas where pharmacy can play a proactive part.

The White Paper advocates a partnership approach, based on co-operation, not competition, with a network of integrated services delivered by health care professionals working in teams.

So at a very basic level, he advised pharmacists to simply meet with GPs, have a chat about the future and get their views on the local health care co-operatives.

New primary care trusts will unify responsibility for managing and delivering primary and community care, and will include mental health and learning difficulties services.

Reporting to the PCTs will be local health care co-operatives – voluntary networks of GP practices, based on natural communities with budgets of \$30-40m.

The co-ops want to include pharmacy, but pharmacists need to find a mechanism so they are not seen by other members of the co-op as traders with an interest in health.

Mr Millar urged pharmacists to

become more involved in the trusts and to apply for non-executive positions on trust teams. He told the conference that pharmacists, with their combination of clinical and commercial skills, could make major contributions.

New initiatives that will impact on pharmacy and provide opportunities for input include electronic links to GP surgeries; a Scottish health technology assessment centre to provide guidance on new technologies including drugs; and a nurse-led information line providing information on health and social care services.

However, Mr Millar pointed out that the timetable for implementing these changes is very tight – the deadline for the establishment of the first PCT is April 1999. The big question, he believes, is whether pharmacy can find people in each health board to become involved and understand the issues.

Responding to a question asking what pharmacists can do at a grassroots level, Mr Millar said: "It's not so much what you say, it's the fact that you are at the table."

● The highlight of the afternoon session was a lively debate between Graeme Millar and Clare Mackie, chaired by NPA regional co-ordinator Alison Strath.

The motion that 'This house believes that pharmacists should exercise overall control of the dispensing process, including the final checking and handing out of medicines' was proposed by Professor Mackie and opposed by Mr Millar.

The motion was carried, with 27 in favour and 15 against.

L-r: Graeme Millar and Clare Mackie led a lively debate in the afternoon's session



- **Information technology** A priority for the Society at the moment is getting pharmacy onto the NHS Net. It is also working closely with the Department of Health's Prodigy team so that the British National Formulary is retained. Earlier this year, the Society established a new information management and technology policy unit to provide a focus for IT development. The unit is headed by Ian Shepherd, who has been seconded from Boots the Chemists for a three year period.
- **Continuing professional development** A portfolio system which requires pharmacists to assess their own needs was ready to pilot
- **Skill mix** A consultative document on skill mix is expected to be sent out in the early summer. It will look at the issues of supervision, accuracy checks, professional assessment of prescriptions and the requirement to have trained staff.
- **Evidence base** The Society is looking at the principle of funding a trust of £3m-£5m for practice research and setting up a network of people who understand practice. A conference is planned for May.
- **New disciplinary machinery** At the moment, a pharmacist will either receive a slap on the wrist or be struck off. New machinery will allow for recovering the costs of taking pharmacists to the Statutory Committee. However, this requires primary legislation which may find space in the next parliamentary session.
- **Remuneration models** New models are needed because "as long as we are chasing pieces of paper we will never achieve professional aspirations".

What they say doesn't match what they do...



Every time the Proprietary Association of Great Britain carries out consumer research, the pharmacist gets the public's seal of approval. The PAGB's latest research is no different, reveals advertising services manager **Marianne Mac Donald**

There's no disputing that the great British public hold their local pharmacist in high regard, a fact borne out yet again by the Proprietary Association of Great Britain's research.

In a year-long survey of 2,033 people, 86 per cent say the pharmacist is a good source of advice

and information regarding minor medical problems. Almost two-thirds add that the pharmacist should be used for advice more often, rather than visiting the doctor¹.

But the odd thing is that this is not supported by the consumer's own actions.

Nearly half of those ques-

tioned in the survey say they get most of their health information from their doctor or dentist, a quarter from their friends or family, while only 13 per cent cite their pharmacist as a source¹.

More worrying still, consumers are ten times more likely to visit their doctor or dentist for help with a minor ailment than to

visit their pharmacist. Disappointingly, the pharmacist's advice is sought in only 1 per cent of cases¹.

On the surface, this low take-up of pharmacy advice is worrying, but the underlying story is more positive.

OTC attitudes

In any two week period, some 90 per cent of the UK's adult population will suffer from a minor ailment, most usually a headache or the common cold¹.

In the vast majority of cases – around nine times out of ten – these conditions have been experienced before, so there is little need for a pharmacist's advice. Indeed, the consumer will opt for the same method of dealing with the condition that they have adopted before (see box over-leaf).

The story is different when the symptoms are unfamiliar. Here the consumer is much more likely to seek professional advice. Yet, while 56 per cent of consumers claim the pharmacist is more conveniently placed than the doctor for seeking advice for a new ailment, they are more likely to consult a GP.

Why are patients ten times more likely to visit their GP for a minor ailment?

Saving money

The first and foremost reason for this is one of finance. With 84 per cent of prescriptions in England exempt from prescription charges, and even higher exemption rates in the rest of the UK², it is hardly surprising that most will visit the GP in the hope of obtaining a free prescription.

Indeed, two-thirds of those who consult a GP will leave the surgery with an FP10³. Government research also suggests that poorer social groups suffer more symptoms than their wealthier counterparts and are also more likely to visit their GP.

Nearly half of consumers questioned suspect that their GP recommends OTCs only to save the NHS money, while another 38 per cent feel they have wasted their GP's time if they are told to buy an OTC medicine¹.

The other most common reasons given for doctor consultation over minor ailments are that the consumer's own knowledge is exhausted or that the doctor's support in terms of diagnosis, medicine strength and choice comes into play.

As far as medicine strength and choice are concerned, this should be less of an issue with

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SCIENCE FROM NATURE

the move of more effective treatments from POM to P – a move which has delighted both pharmacy and industry.

But there is clearly an educational problem in getting across the benefits of 'switched' medicines to consumers, particularly if the problems of matching limited NHS resources with unlimited demand are to be successfully tackled.

Confidence boost

Although 57 per cent of consumers feel it is useful to be able to buy some of the stronger medicines available without having to go to the GP, a similar number claim they don't know enough about them to feel confident about using them¹.

Potentially, there is a huge role for the pharmacist in getting behind POM to P switches, both to boost consumers' confidence and to promote their position as the expert on medicines and the most convenient place to get treatment.

There may be an underlying consumer fear about the safety of OTC medicines. The safety of the consumer is paramount to health professionals and the industry – and who better than the pharmacist to help placate these concerns?

GP view of OTCs

However, this increasing focus on the pharmacist's role in managing minor ailments could be aided considerably with the support of the GP.

Doctors estimate that up to 39 per cent of their time is taken up dealing with minor ailments, with nearly two-thirds believing that OTC recommendation is an integral part of their treatment approach.

Around 80 per cent of GPs are comfortable about referring consumers to the pharmacist and two-thirds say they are happy with pharmacists substituting OTC medicines for more expensive prescription items¹.

Despite this positive support for OTCs from GPs, there is one stumbling block: some are unsure they can convince consumers that an OTC product is as appropriate and effective as a prescription medicine.

But it is increasingly likely that ways will be found to overcome this issue as the potential savings to the NHS are enormous. If GPs see 10 per cent of the adult population's minor ailments, this results in 96 million consultations a year.

What consumers do

What is a consumer likely to do when faced with a minor ailment?

46 per cent take no medication and do not consult a health professional

25 per cent use an OTC medicine

14 per cent use a prescription medicine

10 per cent consult a doctor/dentist

9 per cent use a home remedy

1 per cent consult a pharmacist

Of these, two-thirds will result in a prescription. This means 63 million prescriptions a year, or 14 per cent of all NHS prescriptions¹. If only a quarter of these consultations were conducted in the pharmacy, the potential saving to the NHS would be over \$380 million¹.

Committed to OTCs

The PAGB believes that the simplest way to ensure that this saving is made is to have all stakeholders in the NHS – the doctor, the pharmacist, the nurse, the consumer, the Government, the industry – committed to the message that OTC medicines and the community pharmacist are a vital part of the primary health care of this country.

It is a message that is starting to take shape. The British Medical Association's Doctor/Patient Partnership encourages consumers to use OTCs rather than visiting their GP, while the Government is acknowledging the importance of self-medication, as well as encouraging the

move of more ingredients and indications from POM to P.

The industry has long pledged its support to pharmacy, in particular over the battle to maintain resale price maintenance and preserve the integrity of the UK's pharmacy network.

How the industry can continue to work with pharmacists and find new ways of bringing the consumer to the pharmacy will be the subject of a future article.

References

- 1 'Every Day Healthcare Study', BMRB International May 1997
- 2 Department of Health 'Statistical Bulletin 1997/15'
- 3 'Attitudinal and Behavioural Research of GPs regarding OTC products', PMSI November 1996
- 4 'PAGB Annual Report 1997'

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taken only on a doctor's advice. Tablets and Granules not recommended. **Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Precautions and warnings:** If there is no bowel movement after three days consult a doctor. If laxatives are needed every day or abdominal pain persists consult a doctor. Senokot is colon specific. Senokot Syrup and Granules contain sugar. Senokot Tablets are sugar free. **Side Effects:** Temporary mild griping may occur during change in dosage. **Retail Sale Price:** Tablets: 20 Tablets - £1.49. 60 Tablets - £3.49. 100 Tablets - £4.35. Syrup: 100ml - £3.05. Granules: 100g - £4.05.

Marketing Authorisations: Senokot Tablets 0063/S000R, Senokot Syrup 0063/S003R, Senokot Granules 0063/S002R. **Supply Classification:** Through registered pharmacies only. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. **Date of Preparation:** 11 December 1997. Senokot and the sword and circle symbol are trademarks. **References:** IIMS Data BPI Oct 1997.

The saintly root of the problem

Hypericum perforatum, better known as St John's Wort, has been licensed for use in depression.

Clare Stevens, research fellow at the Department of Complementary Medicine, University of Exeter, unravels the evidence supporting this increasingly popular herb

H*ypericum perforatum* (St John's Wort) is a member of the *Hypericaceae* plant family. A herbaceous perennial, it is native to most of Europe, Asia and northern Africa and has become naturalised in the US and Australia.

The weed grows to about 20-100cm high and is found in hedges, on roadsides, woodlands and heathlands. Its yellow flowers blossom around the time of St John's Day (June 24), hence its name. They are about 3cm in diameter with five oval-shaped petals.

Like other varieties of hypericum, its leaves contain clusters of translucent oil glands which look like tiny perforations when held to the light. One feature unique to St John's Wort is the raised ridges running down each side of the stem.

Traditional use

Traditional uses of hypericum include applying it externally as a treatment for wounds and burns, and taking it internally as an infusion or herbal tea to treat fevers and nervous conditions. More recently, attention has focused on hypericum as an antidepressant, and there is good evidence from clinical studies supporting its efficacy in treating mild to moderate depressive disorders.

Anti-depressant use

A team of German researchers (Linde *et al*, 1996) recently published a meta-analysis of 23 randomised controlled trials involving 1,757 outpatients with mild to moderate depressive disorders. Preparations of hypericum extracts only, or combinations with other herbs, were compared with either placebo or a conventional reference antidepressant, following a double-blind study design. In each trial depressive symptoms were evaluated with



Attention has recently focused on St John's Wort as an antidepressant

validated depression scales such as the Hamilton depression scale (HAM-D) or Clinical Global Impression Index (CGI).

The results of this meta-analysis showed that hypericum was more effective than placebo for treating patients and had similar results to synthetic antidepressants (eg maprotiline, amitriptyline, imipramine). Since there are relatively few studies comparing hypericum with standard drugs, larger patient numbers are needed to confirm that hypericum is as effective as conventional antidepressants. In a UK-based study (Wheatley, 1997) hypericum was as effective as amitriptyline in a six-week trial with mildly depressed patients.

Two other reviews examined the research data on hypericum (Ernst, 1995; Volz, 1997). Both concluded that hypericum is effective for alleviating depressive symptoms of a mild to moderate severity.

There is insufficient evidence as yet to suggest that hypericum may be used for other forms of depression. However, results from recent studies using severely depressed patients (Vorbach *et al*, 1997) and patients with seasonal affective disorder (Kasper, 1997), suggest that further investigations into the effectiveness of hypericum for treating different types

of depressive disorders are merited.

How does it work?

Hypericum perforatum contains various groups of compounds including naphthodianthrones (eg hypericin and pseudohypericin), flavonoids (eg quercetin), bioflavonoids and xanthenes. It is not clear which of these active constituents are responsible for the antidepressant properties of hypericum.

Pharmacological studies have shown that hypericin has monoamine oxidase inhibitory activity, which was thought to be a likely explanation for the mode of action. However, other studies have not confirmed this effect. A recent investigation found hypericum to be only a weak inhibitor of monoamine oxidase activity, but it inhibited the synaptosomal uptake of serotonin, dopamine and noradrenaline with about equal affinity (Muller *et al*, 1997).

Is hypericum safe?

Reports of adverse effects included in the article by Linde *et al* were recorded by 19.8 per cent of those on hypericum and 35.9 per cent of those on conventional medicines. The number of drop-outs from the trials due to unpleasant side effects was 0.8 per cent and 3.0 per cent respectively.

In a drug monitoring study in Germany (Woolk *et al*, 1994) of 3,250 depressed patients receiving hypericum from their doctors, 79 patients (2.43 per cent) spontaneously reported adverse reactions, with 48 (1.45 per cent) withdrawing from the treatment. The most common side effects were gastrointestinal complaints (nausea, abdominal pain, appetite loss, diarrhoea), allergic reactions (allergies, skin rashes, pruritus), tiredness, restlessness and dizziness.

The relatively favourable safety profile of hypericum potentially gives it two advantages over synthetic antidepressants. Firstly, in terms of compliance which can be problematic in long-term medication producing unpleasant side effects. Greater compliance should lead to a better therapeutic response and improvement of quality of life. Secondly, regarding the risk of overdose, cases of hypericum intoxication are unknown.

Toxic reactions have been reported in grazing animals exposed to strong sunlight after having consumed large quantities of *Hypericum perforatum*. However, there is no such risk in humans within the dosages used for depression. Formal toxicology studies have reported the no-effect single dose as greater than 5,000mg/kg (Leuschner, 1996). Nonetheless, since hypericin is a photosensitising agent, most hypericum preparations do carry a warning that in rare cases there may be an increased sensitivity of the skin to sunlight, particularly in fair skinned people.

Further precautions concern pregnant and lactating women, who are advised against using hypericum due to the lack of evidence to ensure its safety for their condition (Newall *et al*, 1996).

Regarding any possible interactions with other medicines, none have been reported so far but there is little research on this subject. One study has examined the potential interaction of hypericum and alcohol (Schmidt, 1993). It concluded that at blood alcohol concentrations of 0.4-0.8 per cent, there was no sedative effect or impairment of psychomotor or mental function on performance tests required for the proper operation of machinery or driving a vehicle.

It is worth noting that the patients included in clinical trials tend to be suffering from mild to moderate depressive disorders, without additional complications. The effect of hypericum on

those who may also be suffering from a chronic illness, drug addiction or concomitant diseases is under researched.

Preparations

In Germany there are numerous hypericum preparations licensed for treating depression. The best selling of these, Jarsin 300, is also the preparation most commonly used in clinical trials, so its efficacy is well established. Its UK counterpart, Kira, contains the same herb extract standardised on hypericin content, and is widely available as a food supplement. Other hypericum products on sale in the UK include Blackmores Hypericum, Gerard House St John's Wort, Power Health Pure St John's Wort.

Hypericum can also be bought as a tincture (eg Bioforce, Herbcraft, Neal's Yard Remedies) for which the recommended concentration is 1:10 in 45 per cent alcohol, with 2 to 4ml taken three times daily (Newall *et al.*, 1996).

In addition, some creams and ointments for treating skin problems contain hypericum (eg Nelsons Hypercal cream; Weleda Hypericum/Calendula Ointment), and there is one recently introduced licensed Pharmacy product (Potter's St John's Wort) of which hypericum is one of several plant extracts in a remedy for sciatica.

Conclusion

Based on the evidence from clinical trials available to date, there can be little doubt that hypericum is an effective and safe treatment for mild to moderate depression.

Find out the FACTs

If you have an interest in complementary and alternative medicines, and are looking for evidence of whether the remedies work, FACT may be a useful reference source.

Compiled by the Department of Complementary Medicine at the the Postgraduate Medical School at Exeter University, FACT is a quarterly magazine that gives an overview of published research papers.

Areas covered include acupuncture, herbal medicine, homoeopathy, manipulative and other complementary therapies. Each paper is summarised with an evaluation of the results of the research, plus conference reports and book reviews.

Annual subscription in the UK is £40 (£70 for institutions), and £10 more for overseas subscribers. For further details contact the Department of Complementary Medicine at PGMS, University of Exeter, 25 Victoria Park Road, Exeter EX2 4NT. Tel: 01392 424872; e-mail: fact@exeter.ac.uk

Taking it seriously



Alternative and complementary medicine may soon be replaced by the term 'integrated health care'. But will the new term mean people will take this approach more seriously?

Last autumn, the Prince of Wales caused a stir when he called for orthodox, complementary and alternative medicine to be better integrated.

Supporting the launch of a document produced by the Foundation for Integrated Health, Prince Charles asked that the various disciplines collaborate more closely. Although there is a great willingness on the public's part to support such a move, it is the practitioners who seem to be holding back the process.

However, at a recent Boots' seminar on complementary health, consultant homoeopathic physician at the Royal London Homoeopathic Hospital, Dr Anne Clover, said that she looked forward to the day when the term used was 'integrated health care' instead of 'complementary' or 'alternative'.

As a fully qualified medical practitioner, Dr Clover believes that orthodox medicine has tunnel vision. That is, it is still focused on the biochemistry of a system.

"Most women are receptive to a holistic approach," she said, recognising that 'holistic' is almost a jargon word. "It relates to all the influences that can bear on a situation – both previously and in the present. We cannot look at a disease in a fragmentary manner. The totality of symptoms must guide us to the correct medicines."

Dr Clover stressed, however: "I am not saying we should ignore mainstream medicines."

and agrees that more scientific tests are required on complementary therapies.

This is probably the nub of orthodox medicine's arguments against alternative therapies. Until there is copious scientific proof that complementary remedies work, then orthodox practitioners will continue to have little respect for them.

But times have changed and the emphasis is no longer on the doctor or pharmacist deciding what medicine a patient should take. Instead, it is the patient who decides whether they are prepared to accept the advice they receive from a practitioner.

With greater media attention on health (including well publicised health scares), complementary therapies have gained greater credibility among the public. There may still be a tendency for the public to believe 'natural equates to safe', but by having a better understanding of health and medicine, they are able to have a far more valid input into their own treatment. This is reflected in the Royal Pharmaceutical Society establishing research into concordance, (not compliance), to redefine the respective parts health professionals and patients play in treatment.

Change in approach

So what is needed for orthodox practitioners, which includes pharmacists, to accept that other types of therapy should have an equal footing?

For those pharmacists who

have an aversion to the idea of integrated health, perhaps they could take a leaf out of Boots the Chemist's book. For some time, Boots has accepted that the public don't just want allopathic medicine, but are looking for other types of therapy. Throughout the '90s it has been sponsoring research into the area. It helped set up the Department of Complementary Medicine at the University of Exeter, where it sponsors a pharmacist research fellow in complementary medicine.

By taking a proactive stance, Boots is helping the public see that these alternative therapies, like all medicines, should be treated with respect. And by giving prominence to complementary therapies, Boots is helping the public to see that pharmacies are appropriate places to ask about and buy non-allopathic medicines.

Stuart Stephen, Boots' category manager for the vitamins specialism including complementary therapies, says research over the past three years shows that more people are reporting using complementary medicine. There has also been a 70 per cent increase in the number of people prepared to try it, admittedly from low baseline figures.

Aromatherapy is the biggest growth area, but is still perceived in the UK as a beauty product, not a medicine. However, as Mr Stephen points out, that interest in aromatherapy can help grow the medicines market as a whole, and especially in pharmacy. By trying an aromatherapy product, the customer's interest could be aroused so that they try a homoeopathic or herbal product.

And how has Boots gone about wooing the public? "With so many people going through Boots' stores, we are treating it very seriously," says Mr Stephen. Besides making its own products, with licensed herbal and homoeopathic preparations, informative leaflets on the various therapies are provided for customer selection.

Staff are trained with material written with the help of key complementary health organisations. "We believe in the pharmacy approach to professionally presenting information," he says.

Respectability

In the minds of pharmacists, a product's respectability and reliability is indicated by a product licence. The criticism of the complementary health sector is that licences are too costly for small companies to obtain. And as natural products are not patentable, the work involved in obtaining a licence will not pay off.

But if a company wants its products to enter the pharmacy



market, then a product licence may be a necessary requisite. Failing that, work is needed to guarantee the quality of the product.

Two companies that are going along this route come from very different backgrounds.

Spanish company Bioserum rose to prominence in the UK two years ago, when an article in the health pages of the *Daily Mail* extolled the virtues of Herbeton Pulm. Among the claims being made there was that it was a cure for asthma. Bioserum is prepared to back this up with clinical data conducted by doctors in Spain, but here in the UK, the company can make no such claims as products are not yet licensed.

The company's UK representative says that with drugs companies only able to protect their financial investment in R&D by producing patentable extracts of plants, the clinical evaluation of traditional herbal preparations will lie with phyto-pharmaceutical companies like Bioserum.

It believes that current and future potential for community pharmacists in this area will be given by providing doctor designed, clinically tested products. Bioserum has started the lengthy process of obtaining product licences for several of its products. "It is the policy of Bioserum to work towards all its products becoming licensed herbal medicines," says the company spokeswoman. "This process begins with the licensing of several existing products in a few months time."

Another side to Bioserum's approach is its willingness to talk to the medical profession about its products. Bioserum UK's director Frank Moya will speak directly with head office in Spain to answer individual questions practitioners here may have.

In addition, the company is going to make available a CD ROM later this year profiling the

research, design, cultivation, processing, production and medical support. It has also made available details of its clinical trials for products such as Herbeton Pulm.

Standardisation

Another approach, being taken by Quest Vitamins, is to start by standardising herbal extracts. Again, none of Quest's products are licensed, but the company will soon be applying for licences for some of them.

It is seeking to increase its reputation among orthodox practitioners by making analytical quality its standard. Quest's nutritionist Esther Mills explains that the company was concerned that many products on the market did not say how potent their ingredients were, or even which species of herb was being used.

As such, Quest has aimed to provide products of pharmaceutical quality and claims to be the only company in the herbal market that declares consistent actives. "We are looking at a view to licences, which is our long-term goal," says Ms Mills. She does not anticipate this being a problem, despite licensing requirements for herbal medicines having been tightened up over the past ten years.

The decision as to what level of 'active' ingredient to standardise

products tends to be based on evidence gained from outside the UK where there is much greater experience. "Germany has pioneered a lot of herbal pharmaceutical standards," says Ms Mills.

Quality control throughout is important. At the harvest stage, consistency is checked by looking at the ratios of constituents in the raw material. After analysis, the extract is concentrated to a level where the actives reach the specified standards. Nothing is added, she says.

Generally, manufacturers' standards are improving as they recognise the consumer-led growth in the complementary health market. The public expect more, so will be looking for it.

In this era of niche marketing, perhaps community pharmacy should concentrate on what it does best – providing quality and informed advice – and apply it to an area which is showing significant growth.

"Treat it seriously as your customers are very interested," reminds Mr Stephen. "The more pharmacy knows about it, the more difficult it will be for the supermarkets to compete."

Pharmacy emphasis

Potter's has put an emphasis on pharmacy with the launch of its new St John's Wort Compound which carries a Pharmacy

licence. Potter's sales and marketing manager Stephen Burgess says there is a significant move towards pharmacy in terms of distribution with an estimated 55 per cent of licensed herbal products sold through this sector. "The community pharmacy is taking a growing interest in herbal medicine partly in response to consumer demand, particularly among the elderly, for effective health care products with little or no side effects."

Avoiding confusion

To avoid the confusion over the use of unlicensed products, Gerard House relaunched its entire range of herbal remedies and essential oils last month, producing comprehensive educational material for both consumer and trade, alongside the launch.

Peter Hodgkiss, sales and marketing director of Gerard House, says both markets are becoming more mainstream and so are experiencing growth. Sales of essential oils grew by 133 per cent between 1992 and 1996. "With additional consumer education the demand for Gerard House products will continue to increase. We want to work in partnership with the trade to meet the challenge that this proposition presents and to ensure the back-up and support that the trade needs," says Mr Hodgkiss.

Remedies for the market place

There has been a growth in market activity in the alternative and complementary medicines market in recent years

● Gerard House relaunched its herbal remedies and aromatherapy ranges last month to make it easier for customers to self-select. Both licensed and unlicensed herbal products are now colour coded according to use. This 'implied' use of unlicensed remedies is hoped to help the less experienced users to overcome confusion with the function of unlicensed products.

The aromatherapy range has also been colour coded according to fragrance family with each oil carrying a 'keyword' referring to its use. In addition, three ready-to-use blended oils (neroli, rose and jasmine) have been introduced to complement the existing single oil range.

● Lanes Herbal Remedies burst into the pharmacy sector in January this year, after a well-established run in the health food sector, in a bid to extend its



Gerard House's herbal product range has colour coding for ease of use

retail base to match public demand. To encourage pharmacists to trial the range, Lanes has produced an on-shelf tray with three of its most popular products: Charcoal, Dual-Lax and Sinotar. Lanes' full herbal range comprises 16 products.

The launch is being supported by easy to follow colour coded shelf strips, product-focused posters, consumer leaflets and information sheets for pharmacists from the sales representatives. A \$400,000 advertising campaign is also planned.

● February also saw a new Star range of licensed herbal remedies added to Bio-Health's portfolio. The new products are: Good Night for sleep, Lowater

for maintaining normal body fluid balance, Neurotone for nervous tension, Runo for rheumatic pain and Strength for promoting general wellbeing.

● Potter's has launched licensed formulations of hypericum (St John's Wort) and echinacea. St John's Wort Compound carries a Pharmacy licence, confining its sale through pharmacies, while Elixir of Echinacea comes in a pleasant liquorice-flavoured liquid. Other products planned for launch later this year include Acidosis Liquid, a licensed remedy for heartburn and indigestion, Newrelax and Lion Cleansing Herb. Potter's is

Continued on P26 ►

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Lanes Herbal Remedies (above) has a full range of 16 products. Bioforce's Echinaforce (left) was granted a product licence last year



◀ Continued from P24

planning a \$450,000 press advertising campaign in the national and women's press. Reader offers and competitions will also be featured.

● Following last year's relaunch of the **Heath & Heather** herbal range, Peter Black Healthcare is mounting a \$250,000 advertising campaign which kicks off on March 16. The adverts will be featured in leading consumer titles including *Country Living*, *Here's Health*, *Top Santé* and *Woman's Realm*. A new PoS kit has also been produced and is available on request. Last year's relaunch included bright new packaging illustrating the different herbs used.

● **Sea-Band** acupressure wristbands now come in two pack variations to reflect their use in travel sick children and pregnant women blighted by morning sickness. Sea-Band manufacturer recently completed a study with maternity magazine, *Your Complete Guide to Pregnancy & Birth*, which revealed that almost 80 per cent of women who suffered from morning sickness found relief from symptoms when wearing the wristbands. Women who tried this acupressure treatment were also more likely to have tried other complementary therapies such as ginger.

● **Acumed** was launched at the end of last year as a topical, drug-free pain treatment. Acumed consists of bioelectromagnetic

patches which are applied to acupressure points to relieve joint and muscle pain.

● Following on from reports last year on the dangers of organophosphate-based headlice treatments, manufacturers of complementary products have been extolling the benefits and safety of tea tree oil shampoos as an alternative. **Lanes Tea Tree Shampoo** contains 2 per cent tea tree oil, is pH-balanced and is specifically formulated for children, hence its targeting at parents of primary school children. As well as its antiseptic properties, the shampoo may also protect against dandruff which is caused by the fungus *P. ovale*. PoS material, an information leaflet and a comprehensive communications programme are supporting the launch.

● **Seven Seas' Slumber Tablets** hit the shelves in November last year, a few months after the launch of the herbal elixir **Slumber Cup**. **Slumber Tablets**, a licensed herbal sleep remedy, contain wild lettuce, passiflora, piscidia and lupulus. They come as easy-to-swallow shaped, film-coated tablets. The brand is being supporting this year with a \$600,000 campaign, which includes television, radio, and Post Office advertising (March-April); PR activities in women's magazines; and in-store promotions.

● **Potenzia**, introduced last July, is a herb/vitamin/mineral combination for men containing key herbal ingredients saw palmetto, *pygeum africanum*, pumpkin seed oil, nettleroot and bearberry. The combination is thought to maintain healthy prostate and testosterone levels and control inflammation and infections in the genito-urinary system.

● A recent addition to the **Nelsons** homeopathic range is **Bryonia Cough Syrup**, launched last November, for irritable and feverish coughs associated with flu. The syrup contains bryonia 6c and honey and lemon. Earlier

last year, six pre-mixed oils for bathing or massage were added to the **Nelson & Russell** aromatherapy range.

A Nelson & Co is continuing its seminars and workshops on **Bach Flower Remedies** for consumers and retailers, during 1998. The company is also running regular training days to help retailers maximise sales in the complementary health care markets. Further details are available on 0181 780 4200.

● **Eve Taylor** has entered the pharmacy sector with its Aromatherapy Treatment Packs after a long heritage in salons. The blended products target conditions such as aching muscles and joints, acne and tension and sleeplessness. PoS material and a sampling programme are included in the pharmacy support package.

● **Echinaforce** from **Bioforce** was granted a product licence at the end of last year for the symptomatic relief of colds, 'flu-type infections and similar upper respiratory tract infections. Bioforce has produced consumer literature and PoS for pharmacies and will be continuing its distance learning phytotherapy course this year. Details are available from the sales representatives.

● **Seven Seas** took over the pharmacy distribution of **Thursday Plantation** products from UK agent Health Imports in January. Line extension are planned this year for the tea tree oil range which is expected to include a skin care range and a lip product. Trade promotions, PR, and national press and magazine advertising are planned this year.

● **Australian Bodycare** extended its range of tea tree oil products at the end of last year to include Treatment Cleansing Bar and Spot Treatment Stick.

● **Sabona** will be focusing on its muscle fatigue oil and copper support garments this year. In January the company promoted the oil to various masseurs serving premiership football clubs and so far has been taken by up Liverpool, Chelsea, and Newcastle United, to name but a few. The support garments, launched late last year, have been repacked to highlight the benefits of the copper thread woven into the fabric, and for a limited period, each pack will come with a free 15ml bottle of the muscle fatigue oil. Sabona is planning to launch a hand mitten and back support garment within the next two months.

● **Tigon Eden Extract** was launched into the UK last year as a food supplement to help the body fight infections. The concentrated olive leaf extract (38 per cent) contains calcium elonate. Tigon has produced a new book on olive leaf for consumers and health care professionals.

● **Stafford-Miller** added **Nytol Herbal** to its brand of sleep aids. The company will be supporting the entire brand this year with a \$3.5 million support campaign which includes PR, and TV and press advertising.

● **Beiersdorf** will be supporting the launch of **Hansaplast Thermo** herbal heat plasters with a \$250,000 promotional campaign. Each plaster contains capsicum extract, cayenne and arnica extract.



Alternative remedies may soon become the accepted 'norm' of the future

LETTERS

Taking clawback into account

The recently announced discount clawback of £14m relates to under-deduction of discount on ingredient costs made during the 12 months period from April 1, 1997 to March 31, 1998.

The average contractor's ingredient cost is £33,125 per month and his or her discount deduction has been 9.01 per cent. The correct discount deduction agreed adds a further 0.33 per cent.

This average additional discount amounts to £1,300 for this 12 month period, and it will be deducted in the next 12 months commencing April 1. It is perfectly in order for contractors to make provision in their year end accounts for this.

The clawback will reduce profit by £1,300 and tax liability at the highest rate payable for the year if the business is proprietor-owned or a partnership, or at the corporation rate if it is a company, thus improving cash flow, and reflecting the correct profit margin on the business.

Whether the year ends in March 1998 or earlier, the contractor will need to work out the actual liability and then make provision for it. It will be necessary to add up all the ingredient costs for the period and multiply that by 0.33 per cent to arrive at the overstatement figure.

Veni Harania
Managing director, Nucare

Stopping the leak

You carried a report in your February 28 issue indicating that I was amongst several people who, for some reason, received a 'leaked' copy of the Puxon Report into allegations made by Andrew Burr against the Royal Pharmaceutical Society.

May I make it clear to your readers that although I did receive a copy of this report, I very soon realised that its distribution could not have been officially authorised. I therefore returned my copy of the report to the secretary and registrar.

Whatever the rights and wrongs of publishing the report are, as a former president of the Society, I must disapprove when documents that Council, in its wisdom, has decided should be confidential, are subsequently 'leaked' by one

of those with whom we entrust the management of our Society. Precisely who in the Society distributed the document remains a matter of speculation.

Nicholas Wood
Brentwood

Discount solution

The simplest and most efficient way of discount clawback would be to start clawback at £10,000 net ingredient cost, to a maximum of £110,000 NIC.

There would be no loss of revenue to government, yet smaller pharmacies with lower available discounts would be saved from bankruptcy.

Paul Badham
Lynton

No to PC4 deregulation

It was with great surprise that I read in the *C&D* February 7, about an Early Day Motion tabled by six MPs calling for emergency contraception to be made available at pharmacies without prescription.

This is an important issue, and in spite of Roger Odd being quoted as endorsing the motion, I have read nothing of it elsewhere.

Schering does not believe that the deregulation of its PC4 from POM to P status would be in the best interests of women. I would agree with that. I would go further. I do not believe that the vast majority of pharmacists want to see PC4 deregulated for moral and/or legal reasons.

Schering obviously realises what the implications for its company would be when things inevitably start to go horribly wrong with OTC PC4 (both in terms of image and the legal problems which could ensue.)

Protocols will be produced, some patients will get wise to the fact that it is prescribed OTC without recourse to medical records. They may even say what needs to be said to obtain PC4 OTC with disastrous consequences, and then the full wisdom of deregulation will become all too obvious.

I, for one, would not supply PC4 OTC to any individual were it to be deregulated, and I would call upon my colleagues to register their professional opinions on this matter with Mr Odd, as I intend to.

Timothy R Hanlon
School of Pharmacy,
University of Manchester

Society concern that NHS wants to set the standard

The Royal Pharmaceutical Society is concerned that the Health Services Accreditation Group is planning to put forward professional standards for community pharmacy.

The group has been set up by a consortium of health authorities to design and test an accreditation scheme for the NHS.

The Society, along with the National Pharmaceutical Association and the Pharmaceutical Services Negotiating Committee, is writing to the NHS Executive and the accreditation group, pointing out that it is the role of professional bodies to set standards.

Council heard at last week's meeting that a multidisciplinary working group had produced draft standards, setting out both

minimum requirements and best practice as a framework for pharmacists to develop their services.

But the Society's law department has found inconsistencies with the Code of Ethics, and is concerned that a multiplicity of 'standards' will confuse pharmacists and detract from the Society's role.

● The Society is to oppose the idea of a common regulatory scheme for all health professions. The suggestion was made by consultants commissioned to review the Nurses, Midwives and Health Visitors Act 1997.

Council believes that a vital strength of the self-regulatory procedure for any profession is that it 'belongs' to the profession and reflects its ethos.

Society plans 'more rigorous' surveys of pharmacy workforce

The Society is to plan and budget for a programme of pharmacy workforce surveys that will be less frequent, but more rigorous, than in the past.

Next spring, there will be an enhanced survey of pharmacists offering some incentive, such as a prize draw, for completing the questionnaire. This will be

repeated annually or biennially.

Council also agreed that, under the Society's 'new ways of working', there should be consideration of how the Manpower Committee (or the group that replaces it) might distil advice to Council on supply and demand in the pharmacy workforce.

In brief

Skill mix A paper on the availability of pharmacists' services and skill mix – 'Making the best use of pharmacists and their support staff' – is to be circulated to members via the Society's branches

Another audit There is to be a second national confidential audit, following last year's investigation into how pharmacists deal with requests for antihistamines for sleep disorders. It will look at the amount of information received by patients on dispensed medicines and will take place in both hospital and community pharmacy

Services for drug misusers A Society report on pharmaceutical services for drug misusers has recommended that the government should set up a multiprofessional, interdepartmental review of the management of drug misusers in primary care

PML Order The Society is seeking a meeting with the Veterinary Medicines Directorate about proposed changes to the Pharmacy and Merchants List Order. One concern is that the 'suitably qualified person' would not have to be present at all times at the premises where the sale takes place, but could check transactions at the end of the day

Electronic CD registers The law department is to approach the Home Office to discuss possible legal amendments to enable CD registers to be kept in electronic form and with running balances

Birdsgrove House opening The target date of April 14 for the re-opening of Birdsgrove House as both a convalescent home and rehabilitation unit will not be met, because of delays in obtaining planning permission. The delay will affect revenue for two or three months but, as a considerable number of pharmacists are awaiting help, there will be more income than originally forecast



Sensitive giant

Lloyds Pharmacy will spend more than £60 million over the next three years to create a sophisticated, national chain with a community pharmacy atmosphere. Guy L'Aimable reports

Lloyds Pharmacy opened its first new-look store in Fareham, Hampshire, on Friday. Regular customers seeing the name for the first time may think: "What's new about that?"

Michael Major, Lloyds' managing director, would be delighted with that reaction. "Our consumer research suggested that Lloyds has very strong brand value – consumers recognised it as a local store, not as a national chain. And its pharmacists were perceived to have a financial interest in the business – nearly a franchisee – unlike Boots, where they felt pharmacists had one eye on the dispensary counter and the other on their career path," he says.

Manufacturers, however, have been told Lloyds Pharmacy is definitely not the 'old Lloyds'. Mr Major and his retail team, along with Michael Ward, AAH's chief executive, and Dieter Kammerer, Gehe's chairman, met about 320 suppliers a couple of weeks ago to drive that message home.

Transformation

Mr Major compares the transformation coming to Lloyds to that of supermarket groups which have successfully moved up-market. "Look at Tesco 15 years ago: stack them high and sell them cheap. Same name today, but a different brand. We have got to get away from this baggage of history," he says.

Which is why AAH Retail Pharmacy rejected the likes of Savory & Moore as a potential name, although Mr Major admits that the 200-year-old chain – a Lloyds Chemists subsidiary – was a strong candidate. Other potential names had ranged from the adventurous: Allwells, Healthwise, Amber, Suncross and Azura; to the familiar Hills and, of course, Lloyds.

Lloyds Pharmacy comprises 1,272 pharmacies, all with NHS contracts, and 139 Lloyds Health & Beauty stores. Its 12,500 staff includes about 1,400 pharmacists.

Around 100 pharmacies are

located close to health centres – Lloyds plans to double that by the year 2000.

Research highlights

Mr Major and his team have taken note of six months of research involving more than 5,000 customers and 1,000 pharmacists. Their findings suggest that a local pharmacy's strength is its role as an advice centre for the surrounding community. Pharmacists, it follows, must be approachable because customers feel comfortable asking them for advice.

Most of Hills/Lloyds customers are women with families and the elderly, who tend to visit the stores only to pick up prescriptions. Such customers paid relatively little attention to the other pharmacy products on display.

Lloyds' research and promotional roll-out cost \$2m. While Gehe obviously paid close attention to the process, it left the major decisions to AAH Retail Pharmacy.

Lloyds 're-branded' stores have a green and cream shop fascia – different shades to Hills' livery – because consumers associate green with health care. The chain's pestle and mortar logo has been borrowed and adapted from Savory & Moore. Mr Major says the logo reflects the important role of the company's pharmacists and its desire to pay more attention to natural therapies.

Accessibility

To make its pharmacists more accessible, Lloyds has removed the barrier of the counter between the store and the dispensary. Pharmacy Medicines have been moved to secure cases within the store.

Customers hand in their prescriptions at one point and collect them at another. Lloyds admits the dispensary waiting area used to be a 'dead area' – it will introduce products there.

Each store will have a consultation area behind the counter.

The chain is also inserting 'hot spots' to encourage customers to

wander through each store. Gondola heights, meanwhile, have been reduced to make the products more visible.

On the merchandising side, the chain is setting up about 25 'category champions': leading manufacturers whose planograms and advice will help determine the products stocked in each category area.

That does not mean large companies will monopolise the shelves. Category champions have to find the right product mix, including competitors' products, that will increase overall sales in the category, according to Mr Major. "If they got rid of everybody else's brands, people wouldn't shop at the store and sales would fall," he says.

Own label on its way

Later this year the chain will launch own label ranges. Phasing in the new ranges and removing the old is a tricky procedure.

"You can't run down the [former own label] brand right up to the day you switch to a new brand because you could be left with millions of pounds of redundant stock," says Mr Major.

"Equally, you don't want to run down the stock before the new brand is ready – then you'll lose sales because you haven't got an own label. You have to maintain a delicate balance."

Lloyds Pharmacy is positioning its own label as a quality product whose price and characteristics are just below the market leader.

AAH Retail Pharmacy will spend \$60m over the next three years to phase in the changes. About 400 stores will be transformed this year and the remainder should follow suit by the end of 2000.

The company is also installing an integrated EPoS system, which includes new hardware and software for the new look stores, and will spend \$7m this year alone.

Integrating cultures

It is an enormous task that is complicated by the integration of two different cultures – Hills and Lloyds. "It's important that the old ways are clearly identified and, where appropriate, got rid of," says Mr Major.

This process has been going on since last year. In the summer, for example, Lloyds Chemists became a member of the National Pharmaceutical Association again. Other moves were lower profile, but equally important in other ways. Mr Major introduced coffee, tea and milk facilities for store staff – Allen Lloyd would not do it.

That change, plus the re-introduction of C&D in all Lloyds stores, costs the group about

\$300,000–400,000 a year. "It's hopefully demonstrated to a lot of people, especially in the stores, that there is a culture change going on," he says.

Ciaran McSorley, Lloyds Pharmacy's human resources director, is looking at integrating staff's terms and conditions and other administrative issues. Takeover law dictates that Lloyds Pharmacy must honour contractual agreements with all Hills/Lloyds staff.

Over the next two years Lloyds staff will be trained to cope with the 'advice centre' approach. Chemist counter staff, for example, will be in a better position to advise customers, which will also give pharmacists more time to talk to customers.

Has the pharmacist shortage forced Lloyds to increase its wages to keep its best staff? "Not directly. Throwing money at this [shortage problem] is not the solution," says Mr Major.

Factors like the hours of work, quality of store and whether its environment makes pharmacists feel they are helping customers professionally and ethically are vital and need to be understood better.

"Not only do we wish to be Britain's favourite pharmacy, we wish to be the preferred employer of all pharmacists," he says.

Structure for change

Lloyds regional structure will help it to implement the changes. The chain is split up into six UK regions, each with about 200 stores and a management structure that includes a pharmacy manager, development manager and training officer.

Regional managers (three ex-

Hills and three ex-Lloyds in the group) have some discretion to tailor about 10 per cent of their product range to suit their local needs. They do not have leeway over the physical changes. "Structurally, you couldn't have 1,400 different opinions on the store, it would just destroy the brand [group identity]," says Mr Major.

AAH Pharmaceuticals can harness some of Lloyds evolving retail expertise to help its community pharmacy customers, although Mr Major says the process has to be handled carefully. "One has to accept you're in a competitive market, so it's death by hanging or shooting. If we found a panacea of how to double our profits, would we give it to 5,000 independent pharmacies?"

Would he?

"We're not going to find such a panacea within the NHS. And the retail market is under constant pressure from supermarkets and the possible abolition of resale price maintenance.

"Life is not that simple, but we're conscious that, other than from a pure retail perspective, our most valuable customer is the independent customer of our sister company," he says.

Passing on benefits

Lloyds could extend Lloyds Chemists' medicines counter assistants training programme, which it says is one of the industry's best, to cover staff among AAH's medium-to-large pharmacy customers.

Mr Major's caution is understandable. Lloyds Pharmacy needs to perform to meet Gehe's tough – though undisclosed – targets.

Lloyds' pharmacies have a

75:25 NHS/OTC split. Historically Hills was 80:20 and Lloyds Chemists 70:30. While NHS scripts will still account for the lion share of Lloyds Pharmacy's turnover, it wants to increase OTC sales. The future ratio could be 70:30. "That doesn't mean we've lost 5 per cent on NHS business, it's just that we've grown OTC," he says.

The average Lloyds Pharmacy store is about 900–1,000 sq ft and earns around \$600 per sq ft. Mr Major will want to improve that ratio.

Investment

Targets aside, Lloyds and its wholesale sister company are under no pressure to recoup Gehe's \$1bn plus investment in them within a certain period.

Gehe's financial burden has been eased by selling Holland & Barrett for \$100m, the McCarthy group – a Lloyds subsidiary – for \$55.5m and the seven ex-Lloyds wholesale depots.

The pharmacy industry will have to wait until May, when Gehe holds its annual general meeting, to find out how Hills/Lloyds performed last year. Gehe may make a formal announcement about the results in a couple of weeks.

As for the competition, Mr Major knows that Boots and Superdrug will respond to the new-look chain, particularly as both companies are paying more attention to community pharmacy roles.

Nick Stokes, Lloyds' marketing director, says it will draw on its local appeal. "Our pharmacies have a different role to Boots because of the environment. We offer a relationship while they offer a service."



AAH Retail Pharmacy recently unveiled the new Lloyds Pharmacy store identity, following months of planning. Above is an artist's impression of the outside view of the new-look store

Business rates blitz

Thousands of assessment forms are about to be sent to pharmacies and other companies, so that assessors can set rates for the new millennium. You need to work on these forms immediately, as Charles Partridge reports

Your business premises will be revaluated for rating purposes on April 1, 2000. This will determine the rates your company will pay from 2000 to 2005. That date may seem a long way off, but, in fact, the rates your organisation will pay are based on the rent you are paying on April 1, 1998 – right now, in other words.

Arriving by post in the next few weeks will be a form from the valuation office or assessor. The Valuation Office Agency prepares the rating lists in England and Wales, while the assessors deal with Scotland. They will be sending out forms requiring all business ratepayers to provide details of the rent, or other tenure, under which they occupy their property.

This information will provide a library of rental evidence, which will enable the valuation office and the assessors to prepare their rating lists.

Any rent agreed in the open market during the six months prior to, or following, April 1 this year will provide very useful evidence of the correct rateable value for the property from April 1, 2000, onwards.

Under law, you must complete these forms accurately – you could be prosecuted if you do not.

As the law and practice of rating is a technical field, you might decide that you require professional advice from a chartered surveyor. The only way to be sure you are getting competent advice is to ensure that your advisor is either a member of the Royal Institution of Chartered Surveyors, with the letters FRICS or ARICS after his or her name; or the Incorporated Society of Valuers and Auctioneers which use the letters FSVA or ASVA, or the Institute of Revenues, Rating and Valuation (IRRV).



Business premises will soon receive new rating forms from the VOA

A member of these professional bodies:

- has qualifications which are acceptable to central and local government
- is required by his professional body to abide by rules of conduct which are designed to protect the public from malpractice
- is required by those rules to hold adequate professional indemnity insurance.

To gauge what will happen to your rate liability from April 1998, look back at the last five years. Your current level of rates is based on your property's rental value on April 1, 1993. This value is called 'rateable value'.

Your uniform business rate (UBR) has been set, subject to the current transitional arrangements, for the rate year 1998/99 at \$0.474 in England and Scotland and \$0.429 in Wales. Small properties with a rateable value of under \$15,000 in London, or \$10,000 elsewhere, pay at the rate of \$0.465 in England and

Scotland and \$0.42 in Wales.

A property's normal rate liability is calculated by multiplying its rateable value by the UBR. Where a property's rate liability – on March 31, 1995 – was substantially higher or lower than that which would have been paid based upon the normal rate calculation, the property is subject to transitional rules which phase in these increases or decreases.

The maximum rate increase, after adding 3.6 per cent inflation, is 10 per cent for large properties (7.5 per cent for small properties). These figures are cumulative and set a maximum increase of 13.96 per cent for large properties and 11.14 per cent for small.

The maximum rate decrease, after adding inflation, is 30 per cent for large properties and 35 per cent for small. The net effect is a fall of 27.48 per cent for large properties and 32.66 per cent for small ones.

Additional relief will be pro-

vided this year for village shops and post offices, where the local population is fewer than 3,000. Provided these shops' rateable value is under \$5,000, they will only pay 50 per cent of their normal rate liability. The local council has the power to reduce the rate liability of any other rural shop – whose rateable value is under \$10,000 – provided it believes it would be in the interests of the council tax payers to do so.

You can lodge an appeal against your rating assessment at any time in England and Wales. The rules in Scotland are different and an appeal could only be lodged up to December 31, 1995, or within six months of a change of occupier, assessment or the property's physical state.

If you want to appeal, you can retain an agent to advise you. Bear in mind your appeal is saying, in effect, that your property – in the physical condition and environment in which it is located today – would have let for less than the amount at which it was assessed on April 1, 1993.

Such an appeal is dangerous because the valuation officer or assessor could decide, on reflection, that your rating assessment needs to be increased.

Your original rent may have been agreed at some time other than April 1, 1993, or the property might be owned freehold. The rental value of most properties can, however, be deducted from rents agreed for other properties at or around April 1, 1993.

Where there is a physical change to a property – for example an extension or demolition – then the assessment will need to be adjusted accordingly. The valuation officer or assessor will amend the assessment once the building work is complete.

If the alterations will take a long time, you can sometimes obtain a temporary reduction on your assessment. Your argument would be that you would have asked for a lower rent – and your landlord would have accepted – if the building work was being carried out on April 1, 1993. This is partly because some of the property was in the hands of builders and could not be used, and partly due to the disturbance caused by the alterations.

You can clearly do a lot about your rate liability. Get prepared to act when the assessment form drops through your letter box.

Charles Partridge TD BSc FRICS IRRV is a director of Lambert Smith Hampton, chairman of the RICS rating and local taxation panel, and a past president of the Rating Surveyors' Association; tel: 0171 796 4000.

'Budget should cut business rates', according to Barclays Bank survey of small businesses

Small businesses would prefer next week's budget to reduce business rates, rather than cut income tax, according to a Barclays Bank survey.

Thirty six per cent want their business rates reduced. The rates are considered relatively unfair because they are levied indiscriminately, rather than being calculated on a company's

ability to pay. Feelings run higher among smaller businesses, whose annual turnover is less than \$100,000. Forty six per cent of them would like their business rates reduced, which suggests that the smaller the firm, the more it needs to reduce the pressure of overheads. Thirty eight per cent of small firms, meanwhile, want lower interest rates.

The survey also suggests that one in five respondents want the VAT threshold to be raised above the inflation rate. Red tape, it concludes, still concerns many small businesses. Many firms believe they could operate more effectively without the administrative burden of VAT.

Despite the publicity following last year's July budget, a third of

small business owners and managers did not know the Chancellor had reduced tax relief on pensions. More than a third of firms believe the move could affect the long term value of their pension contributions.

While the economy's growth is expected to slow down this year, Barclays expects fewer businesses to collapse than last year.

Zeneca supports its independent stance

Zeneca's chief executive Sir David Barnes is determined to keep Zeneca independent, although speculation suggests Smithkline Beecham and Glaxo Wellcome would find it an attractive takeover target.

"We're focused on driving the business looking through the windscreen rather than in the rear view mirror," said Sir David, speaking at the group's results for the year to December.

Zeneca shareholders are unlikely to sell their shares except for a "substantial pre-

mium", although Sir David admits no company can regard itself as takeover-proof.

Zeneca's Pharmaceutical operating profit grew by 4 per cent to \$786m last year, while pharmaceutical sales rose 5 per cent to \$2.57bn. Over a fifth of total sales stemmed from new products launched since 1995.

Sales of primary care products grew by 13 per cent to \$1.12bn, oncology sales were up 21 per cent to \$835m and sales of specialist and hospital care products grew 15 per cent to \$613m.

Sales of the top-selling products in each of the above categories varied. While Zestril's sales grew by 1 per cent to \$632m and those of Zoladex rose by 5 per cent to \$348m, sales of Diprivan dropped 1 per cent to \$347m.

Like other drug multinationals, Zeneca was rocked by the strong pound, which cost it \$522m in sales and \$178m of profit. Its group sales fell 3 per cent to \$5.19bn, although pre-tax profits still rose 7 per cent to \$1.08bn.

Its UK sales increased by 11 per cent to \$181m, while US sales

grew by 18 per cent to \$1.13bn and sales in Japan dropped by 13 per cent to \$266m.

Zeneca, which has 87 projects and 26 new chemical entities in its development pipeline, wants to increase the rate at which it brings new products to the market by 50 per cent. It currently introduces at least one product a year.

Zeneca's shares rose 5p to \$26.15 the day after the announcement of results. As C&D went to press, they had moved up to \$26.95.

AAH launches pharmacy staff training courses

AAH Pharmaceuticals has launched a series of monthly training evenings for pharmacy staff.

The evenings will be hosted by AAH's suppliers and are designed to give advice about products from the wholesaler's home health catalogue. AAH is initially concentrating on incontinence, mobility and disability aids.

AAH will hold the inconti-

nence and respiratory evenings at its regional branches around the country. In summer, it could switch to other product areas.

● AAH Hospital Service, which distributes products to hospital pharmacists, is asking them how they rate its performance. Its programme includes visits to pharmacists, user groups and a satisfaction survey.

During the year, AAHHS will organise visits to its seven regional distribution centres. A group of hospital pharmacists recently toured its Ruislip depot.

● A generic and brand tracking facility has been added to AAH's Link Scripts program. The improved system, says AAH, will open a window on extra information that will enable pharmacists to gain tighter control over generic dispensing. It also has the option of showing manufacturers how well their products are selling. The system's improvements allow generic/brand statistics to be correlated across a group of related products – the original format could only allow data to be collected on a specific product. The improved system is included within the automatic monthly updates for users of the 840 version of Link Scripts software.

Oxford Asymmetry placing

Oxford Asymmetry has raised £18.4m through a placing of 11.5m shares at £2.90 each. The biotech company, now worth £119.7m, will invest the funds in new premises, technology and staff. OA is set to join the official list of the Stock Exchange on March 17.

Phase II for Cortecs vaccine

Cortecs' Pseudostat vaccine for chronic bronchitis has had a successful Phase II trial and is set to start Phase III trials in August. The company says the drug could be marketed in 2000 – its target market is worth more than \$500m. Cortecs reports a loss of £9.1m for the six months to December because it spent more on research and development. Its turnover fell £100,000 to £3.9m, compared with the same period in 1996.

Leo Pharmaceuticals award

John Francis, a sales rep at Leo Pharmaceuticals, beat off reps around the UK to win the Sales Professional of the Year – Pharmaceuticals award. The event was organised by Winning Business Magazine

On the move

Wilkinson Healthcare will be moving to new premises on March 30 at Unit 9, Glaisdale Parkway, Bilborough, Nottingham NG8 4GA (tel: 0115 985 4400).



(l-r) Mike Kirk from Sims Pirk, Karen McDermott from Clement Clarke, Lisa Meadows, Health Care Centre business development manager and David Proctor from A Proctor & Son Pharmacy

Ram raiders smash Lloyds store

Thieves stole perfumes worth about \$12,000 when they recently ram raided a Lloyds Chemist store in Haslemere High Street.

The three robbers, wearing balaclavas, burst into the store – at about 3.30am on February 17 – by driving an Audi 4 car backwards through the door. They grabbed perfumes by Calvin Klein, Chanel and Elizabeth Arden and shoved them in the boot of their car.

Powderject shares soar after Glaxo deal

Powderject Pharmaceuticals' shares soared 104p to 418.5p after it announced a licensing and development deal with Glaxo Wellcome.

The deal gives GW worldwide rights to develop and market a Hepatitis B DNA vaccine based upon the Powderject system, which bypasses hypodermic needles by thrusting powdered drugs through the skin at supersonic speed. The vaccine is going through Phase I trials.

GW also has options on another ten DNA products, which include an HIV DNA vaccine and cancer DNA vaccines using two undisclosed antigens.

In return, GW will support the cost of R&D and clinical trials. Powderject could also earn licence, option and milestone payments worth up to \$183m – if its projects pass their clinical trials.

GW has also invested \$12.1m in a 7.7 per cent stake in Powderject.

High-tech security systems in health row

Customers with heart pacemakers face health risks from electronic article surveillance (EAS) systems using acousto-magnetic technology, according to the Centre for Retail Research.

An acousto-magnetic EAS system consists of a detector gate at the store's entrance that flashes lights when it is activated by security tags.

CRR, which held a conference on EAS systems on Wednesday, says a number of medical researchers in the US, Germany and France have found a "small but significant risk" for pacemaker wearers who stood within these detector gates.

Researchers, it claims, found that the gates could cause a pacemaker to increase the heart rate. Electromagnetic based anti-theft systems also carried a small, similar risk, while radio

based systems were safe.

Professor Joshua Bamfield, a CRR director, says some pacemaker wearers have had dizzy spells, or felt breathless. "It tends to be people who have been standing near the gates for too long – in one case the shop was congested, so the pacemaker wearer was forced to stay near the gate. People walking through the gates are not normally affected," he says.

The UK has about 200,000 pacemaker wearers and that number is set to rise strongly over the next three years, according to CRR.

Thirty five per cent of retail outlets use EAS technology and 30 per cent more stores could take it on within three years, it adds. "It is important for retailers to assess any health and safety risks with care,"

says Professor Bamfield.

Ultramax, an acousto-magnetic EAS system produced by Sensormatic Retail UK, is being assessed by major pharmacy chains. Boots the Chemists, for example, is piloting Ultramax in 69 stores. Moss installed the system in 40 stores last year after a six month trial.

Sensormatic says two separate studies conducted by Dr Jacques Murgica, chief doctor of Val d'Or's surgical centre in France, and Dr Sigmund Botella, chief of the cardiological stimulation department of Valencia University, have concluded that EAS systems do not harm pacemaker wearers.

Such research suggests there is a "substantial margin of safety" in its EAS systems, it adds. The company has talked to its retail customers and passed on all the

information about the issue.

Dr Anthony Rickards, consultant cardiologist at Royal Brompton Hospital says CRR's allegations are a "non-issue". While the theoretical risk of pacemakers in electromagnetic fields has been known for more than 20 years, he says, there is no record of a single adverse effect. And records of one million pacemaker patients, he adds, have not revealed any harmful link.

He "strongly advises" the pharmacy chains not to put any warning signs in their stores. "If everyone thought like that, electric razors, electric cookers and airports would have to carry warning notices – it would never end. And the pacemaker wearer walking down the street would feel like a pariah because he feels he cannot enter a store carrying the warning," he says.

COMING EVENTS

MONDAY, MARCH 16

Bromley Branch, RPSGB

Froggnal Centre, Queen Mary's Hospital, Sidcup, 7 for 8pm.

TUESDAY, MARCH 17

Bristol Branch, RPSGB

David Lloyd Tennis & Fitness Club, Long Ashton, 7.30 for 8pm.

East Metropolitan, RPSGB

Wanstead Library, Wanstead, E11, 7.30 for 8pm.

Scottish Department, RPSGB

36 York Place, Edinburgh, 7.45pm.

Harrow Branch, RPSGB

Clinical lecture theatre, Northwick Park Hospital, 7.30 for 8.10pm.

Leicestershire Branch, RPSGB

Clinical education centre, LRI, 7.30 for 8pm.

Bury Branch, RPSGB

Broad Oak suite, Fairfield General Hospital, 7.30 for 8pm.

WEDNESDAY, MARCH 18

Wirral Branch, RPSGB

Wirral PGMC, Clatterbridge Hospital, 7.30 for 8.15pm.

Slough Branch, RPSGB

John Lister PGMC, Wexham Park Hospital, Slough.

The College of Pharmacy Practice AIDS/HIV study day at Haydock Park Racecourse.

NICPPET

Belfast – 'Introduction to e-mail and the Internet'.

Bradford Branch, RPSGB

Richmond Building at the university, 7.30pm.

THURSDAY, MARCH 19

Bedfordshire Branch, RPSGB

Annual general meeting in the Cedar Room at the Conference Centre, Silsoe College, 8pm.

Weald of Kent Branch, RPSGB

PGMC, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 for 8pm.

Flock of sheep could supply the world with factor IX

The company that produced 'Dolly' the sheep, the world's first new born mammal cloned from adult cells, believes a flock of 50 transgenic sheep could supply the world with the plasma protein factor IX.

The claim by PPL Therapeutics follows the discovery that its flock of transgenic sheep are producing commercial levels (300mg/l) of human factor IX protein (FIX) in their milk.

"Levels of FIX in human blood are very low – approximately 5mg/l – and the sheep have made 60 times the naturally circulating amount of this high value protein," says PPL's research director Alan Colman.

The present market value of FIX is \$100m and most FIX preparations currently on the market are derived from human plasma. Transgenic production

offers low production costs and improved consistency, quality and safety of the product, the company claims.

The method also ensures the absence of human infectious agents such as HIV and CJD in the purified product. Managing director of PPL, Dr Ron James, comments: "This news is particularly important in the light of the current concerns over the safety of products derived from human plasma.

"It is in everyone's interest that we get these products to market as quickly as it is practical to do so," he says.

PPL is seeking a partner to co-develop transgenic FIX for clinical use. Another of its sheep products, alpha-one antitrypsin, for the treatment of cystic fibrosis, is currently in Phase II clinical trials.

LIG sells its manicure business

London International Group (LIG) has sold most of the assets of Cook Bates (CB), its US manicure implements business, to Pacer Technology for about \$3m.

The sale reflects LIG's strategy of disposing of less profitable subsidiaries to concentrate on its core gloves and condom markets. LIG acquired CB, whose portfolio includes Gem and Diamond Deb brands, in 1978.

LIG says the sale will result in

an exceptional charge of about \$12m, of which \$8.6m concerns goodwill previously written off. The cash element of the total charge is not expected to exceed \$1.4m.

● LIG has acquired Tambrands, its Czech distributor, from Procter & Gamble for an undisclosed sum. Tambrands is said to be the leading distributor of personal care brands in the Czech Republic.

Roche go-ahead

Roche has gained final regulatory approval for its £6.7bn acquisition of Boehringer Mannheim. The transaction – originally announced last May – will be officially complete within two weeks. While the two companies are being integrated, pharmacists and wholesalers are advised to deal through the usual channels.

Aerosols top 1.442bn

UK aerosol production rose 16 per cent to 1.442bn products in 1996, according to the British Aerosol Manufacturers' Association (BAMA). Major companies, such as Procter & Gamble and Gillette, still prefer to produce their aerosols in the UK. The production of shaving gels and foams grew by more than 30 per cent to 155m units, while that of body sprays, deodorants and antiperspirants rose 19 per cent to 330m units.

Packaging alliance

Four European packaging manufacturers have formed an alliance called Pharmapact to deal with the worldwide drug market. The partners are UK-based MY Holdings' health care division; LGR Emballages in France; Carl Edelmann in Germany and Farmografica/Sacchetti in Italy. John Monks, chief executive of MY Holdings, says the alliance will take advantage of increased consolidation in the drugs industry. Drug companies, he adds, will benefit from a single point of contact for European-wide negotiations and common quality standards.

Consumer optimism is starting to ebb

Chancellor Gordon Brown approaches his second budget with domestic spending rising at its fastest rate for more than eight years. But the overall economy has already started to slow, thanks to interest rates and the strength of sterling which are sapping industry and exports.

But as yet, the jury is still out on the future of private domestic spending. Despite stable inflation, the labour-intensive service sector is likely to continue its above-trend rate of growth for some time, so the labour market will tighten further, putting additional pressure on wages.

Average earnings were climbing at an annual rate of 1.7 per cent at the end of 1997, but in the chemical manufacturing sector the increase was 5.6 per cent. Furthermore, manufacturing pay settlements averaged 3.8 per cent in the three months to December – up from 3.1 per cent in 1996.

Flat retail sales in December confirmed anecdotal evidence that Christmas trading was below expectations, but sales in the fourth quarter were nonetheless 1.5 per cent higher than in the previous three-month period. The CBI says chemists achieved some of the largest year-on-year increases in the high street, and

official figures reveal that the value of sales was 12 per cent higher than a year earlier.

Consumer spending also appears to have been strong in the early weeks of this year, with retail volumes up nearly 7 per cent in the year to January – the fastest rate since June 1988 – driven by sales of household goods.

The British Retail Consortium says the gift toiletries that had been poor sellers before Christmas were popular at sale prices, while promotions on hair care products and cosmetics boosted January sales, but health care items suffered from a lower incidence of flu compared with January 1996. The CBI survey indicates that growth in chemists' volumes overall slowed between December and January, but levels nevertheless remained higher than a year before.

The outlook for consumer spending is far from clear. A report from Barclays Bank suggests that real personal disposable income will rise by 2.3 per cent this year, which, with an expected fall in the proportion diverted to savings, could result in 4 per cent growth in consumer spending in 1998, but slowing as the year progresses. For 1999, Barclays forecasts a further slowdown, to 2 per cent.

A survey from economic con-

sultancy Business Strategies has identified the first signs that consumer optimism is going off the boil. Although still high, it has slipped back noticeably since the previous poll in October, as confidence about the economy has slipped. Paradoxically, there are no signs yet that consumers are expecting their own 'feel good' factor to be affected.

But the latest CBI quarterly survey of the manufacturing industry found manufacturers of pharmaceuticals and consumer chemicals in a gloomy mood about prospects, despite expectations of modest growth in output and new orders during the first quarter. At the same time, both unit manufacturing costs

and factory gate prices are expected to increase marginally.

Official data shows that purchases of raw materials and fuel by pharmaceutical makers cost 2 per cent less in January than a year before; this compares with a year-on-year cost decline of 3.1 per cent three months earlier. Output prices of pharmaceuticals rose at an annual rate of 1.2 per cent. For toiletry manufacturers, input costs increased by 1.7 per cent in the year to January, while their output prices increased by 2.6 per cent.

Prices of chemists' goods have been holding steady at an annual rate around the 4 per cent mark during the past three months – slightly faster than inflation.

PRICES AND COSTS
Latest % change % change % change
on previous on previous on year
period 3 periods

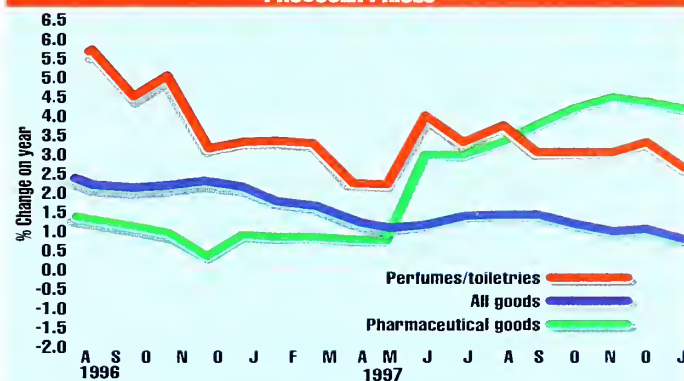
PRICES AND COSTS				
Retail prices (Jan 1987 = 100)				
All items	Jan	-0.3	0.0	3.3
Chemist's goods	Jan	0.1	0.7	3.8
Producer prices (1990 = 100)				
Manufacturing industry, exc food	Jan	0.2	0.3	0.5
Chemical industry	Jan	0.2	0.1	-0.1
Pharmaceuticals	Jan	0.0	-0.1	4.2
Perfumes & toilet preps	Jan	0.6	0.5	2.6
Lip & eye make-up preparations	Jan	-3.0	-3.0	3.1
Dental & oral hygiene preps	Jan	0.7	0.7	5.3
Shaving preps, deodorants	Jan	1.8	1.0	3.1
Adhesive dressings	Jan	0.2	-0.2	6.0
Average earnings (Jan 1990 = 100)				
Whole economy	Dec	2.7	4.4	4.7
Chemicals, chemical products	Dec	6.8	10.3	5.6
OUTPUT (1990 = 100)				
Chemicals, man-made fibres	Q4	-1.6	-1.3	1.8
Pharmaceutical products	Q4	-0.4	-3.1	-0.4
Perfumes, cosmetics, toiletries	Q4	-10.1	-16.5	-12.9
SALES				

SALES
Consumer expenditure (current prices)

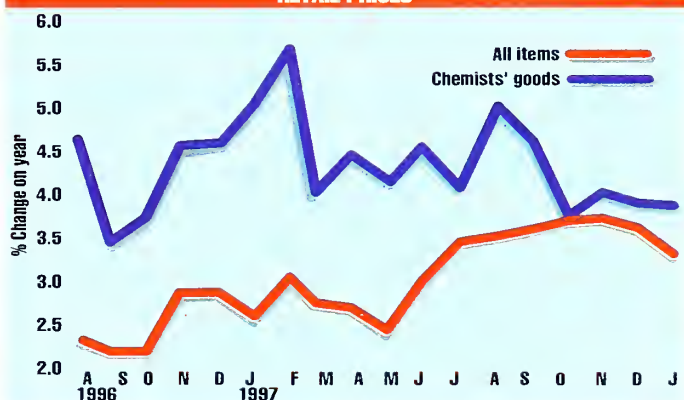
Consumer expenditure (current prices)				
Total, £bn	Q4	1.3	3.6	4.5
Retail sales (value, 1990 = 100)				
All retail businesses	Jan	-29.5	-7.5	6.6
Chemists	Dec	30.0	41.7	12.2
OTHER BUSINESS INDICATORS				
Consumer credit – net lending (£m)	Dec	3.6	12.3	24.4
Unfilled vacancies ('000)	Jan	-4.4	-13.8	2.0
Claimant unemployment (%)	Jan	-0.9	-4.4	-22.9

Sources: Office for National Statistics, Bank of England and C&D

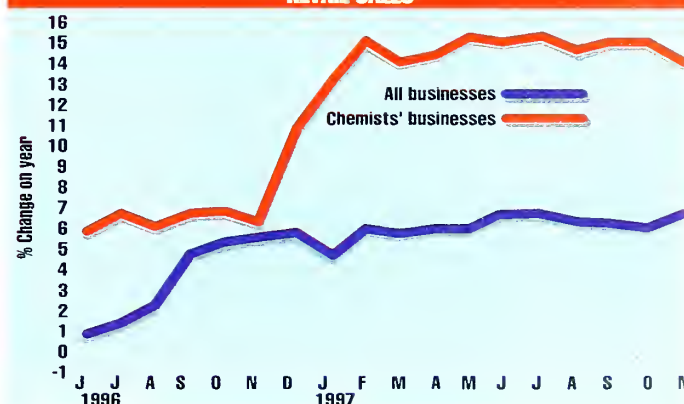
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Java journey

***El Nino* and a few forest fires weren't going to stop C&D's technical editor Fawz Farhan from venturing to Indonesia and lending a hand at the pharmacy faculty of a Javanese university**

When I first mentioned I was going to Indonesia, last November, everyone thought I was mad. "Haven't you heard about the forest fires?" they all asked. "Yes, but I'm going to Java and I've checked it out and it's OK," I reassured them.

True, *El Nino* had played havoc with Indonesia's archipelago, leaving fires in Sumatra and Borneo, famine in the Spice Islands and Irian Jaya, and smog everywhere else. But I was going for a purpose. The faculty of pharmacy at the University of Surabaya was looking to introduce clinical pharmacy into its curriculum and it was looking for help. So, armed with a face mask, a phrase book and a few copies of *Chemist & Druggist*, I went on my way.

Set in the far north-eastern corner of Java, Surabaya had escaped the smog of the fires. But being Indonesia's second largest city after Jakarta, the fumes from the cars more than made up for it. The university, on the other hand, was a haven. A modern, whitewashed, air-conditioned building with landscaped gardens and its own herb patch.

After being welcomed with open arms by staff and students, I began to find out what pharmacy was really like over there.

Although I was warned that

clinical pharmacy was rudimentary in hospital and non-existent in community, the enthusiasm and foresight of the faculty dean, Drs Doddy De Queljoe and his vice-dean Drs Adji Prajitno, meant they had already attended conferences and workshops on the topic in Australia and the US. They had also enlisted the help of British pharmacist Dr Chik Kaw Tan who was now teaching at the University. It was now a matter of putting theory into practice.

My task was to provide information on clinical pharmacy and continuing education and to give talks on the subject to students and lecturers both at Surabaya and nearby Airlangga University.

Lack of resources

However, several obstacles lay in the way of change. For a start, the pharmaceutical society in Indonesia is a token body which does not have much power when it comes to policy. It is therefore left to academia to initiate change. Another problem facing Indonesian pharmacists is the lack of professional journals or newsletters, which means communication between pharmacists is very poor and continuing education is virtually impossible.

However, one of the main setbacks to progress has been lack of money. The Ministry of Health, like the UK equivalent, has limited resources and although Indonesia is often lumped together with the other tiger economies of the region, the country remains poor.

The financial crisis sweeping across Indonesia and the rest of south-east Asia has made this worse, and it has driven an even bigger wedge between the rich and poor. One interesting statis-



L-r: Dean of the Faculty of Pharmacy at Surabaya Drs Doddy de Queljoe; Fawz Farhan; vice-dean Drs Adji Prajitno; and Franciscus Kristianto – the Young Pharmacists' Group co-ordinator for Indonesia

tic is that the number of millionaires in Indonesia is equivalent to the population of the whole of Australia, whereas the average daily wage is a mere 50 pence.

Unfortunately, health promotion is still in its early days. The government has a 'No Smoking Day' initiative, but this is half-hearted as the tobacco industry is one of the country's most profitable – six of the top ten tax payers are involved in the industry.

Smoking is also more widespread in Indonesia because it is entrenched in local customs, with cigarettes often exchanged as a gesture of friendship at weddings, funerals and other social occasions. The sweet aroma of the popular Indonesian kretek cigarette hides a gruesome reality: not only are they stronger than your average Marlboro, but they are laced with clove to numb the airways and make the habit a more 'pleasant' experience.

Forest retreat

The chaos, heat and fumes of Surabaya was in stark contrast to the calm, cool, fresh ambience of the Seloliman Education Centre, where I also spent some time. Set amongst lush rainforest and nuzzling at the foot of the majestic Penanggungan volcano, Seloliman was Indonesia's first environmental education establishment. Opened in 1990, with the help of the then World Wildlife Fund, the centre's original aim was to encourage people to care about their surroundings and, in turn, to help stem the destruction of the forests and its inhabitants.

Today, its role is more practical, addressing the needs of local peo-

ple. This has included building a dam and irrigation network for the surrounding villages and setting up a health education initiative, overseen by resident medicine man Bambang Kustiono.

Health care in most Javanese villages remains traditional. Pharmacies, GPs and dentists are out of reach for most villagers, not only geographically (they are confined to cities and larger towns), but financially too.

Recognising this, the Indonesian Ministry of Health has encouraged village inhabitants to make use of the wealth of medicinal plants found on their doorstep. In 1981, the first edition of the 'Utilisation of Medicinal Plants' was published, in an attempt to attain the Government's hopes for 'Health for All by the year 2,000'.

Bambang, a trained herbalist and acupuncturist, contributes to this goal by teaching nearby villagers about health and herbal medicines. I was lucky to see him in action, demonstrating the art of making jamu (herbal brew). A big cauldron of water, a few leaves of tamarind, some curcuma (turmeric) rhizome, a bit of palm sugar and you have a cheap and effective concoction for stomach ache and nausea.

Reflections

I came back to England unsinged by any fires and with my lungs intact, to the surprise of friends and family. But I was left with memories of a country where traditional cures nestle snugly with modern medicine and where 'Health for all' is pushing forward, despite everything.



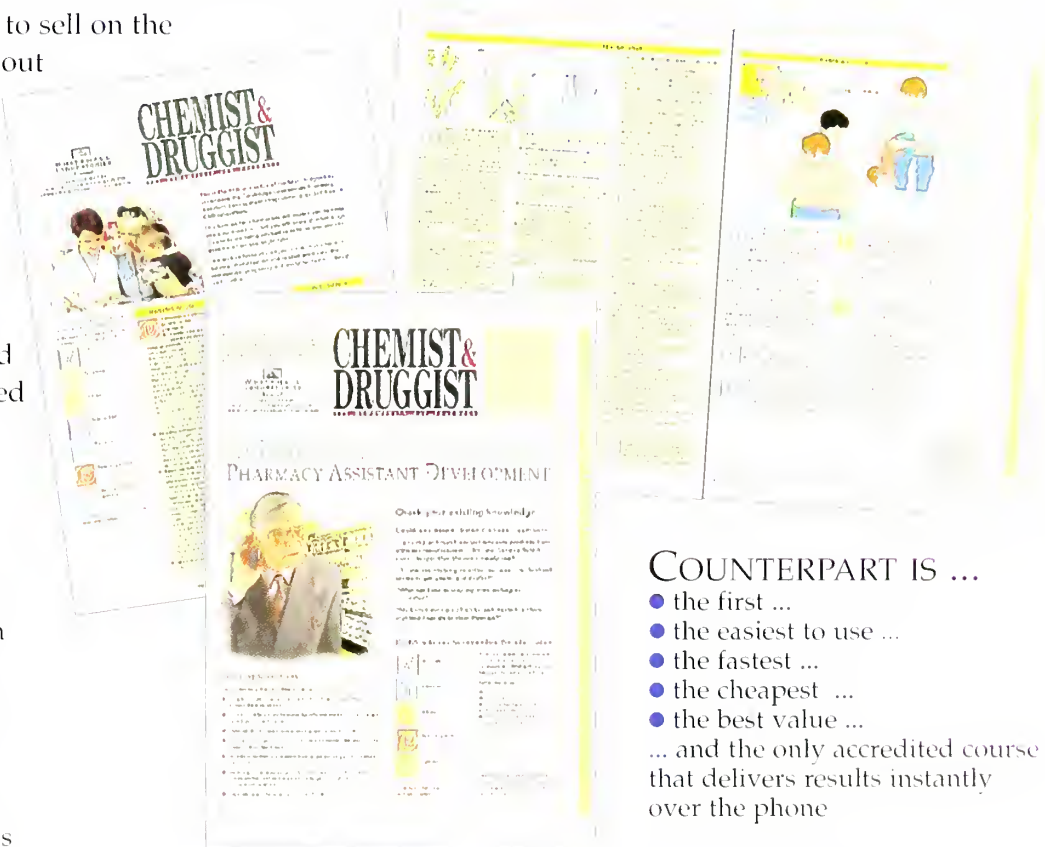
The Indonesian Ministry of Health has encouraged people living in villages to make use of the medicinal plants found on their doorstep

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